

UAMS Fitness Center

Payroll Deduction Authorization

Social Security Number: _____

Name: _____ Date: _____

My Paycheck comes from UAMS: (circle one) YES NO

I work: (circle one) **Part-time** Contract U-Temps Full Time
(Stop filling out this form. Ask for bank draft form)

I am paid: (circle one) Biweekly Monthly

Dues structure for membership is based on your salary:

Salary	Bi-weekly Deduction	Monthly Deduction
Under \$ 30,000	\$ 6.92	\$ 15
30,001 – 60,000	\$ 13.85	\$ 30
60,001 – 100,000	\$ 18.46	\$ 40
100,001 and Over	\$ 23.08	\$ 50

New Member: Check the appropriate box below

- Individual employee deduction _____
- Individual plus Spouse/Companion deduction _____

Current Member: Change in deduction

- Add Spouse/Companion to deduction _____
- Drop Spouse/Companion from fitness center deduction _____
- Stop fitness center payroll deduction _____

I hereby authorize UAMS to deduct from my paycheck the payment for my monthly fees to the UAMS Fitness Center. I am aware that at any point if my salary changes, the membership fee will be deducted accordingly.

Employee Signature: _____