



PAYROLL DEDUCTION AUTHORIZATION FORM

Member Name: _____ **Department:** _____

Payroll type: UM Employee (list C# _____)
 BiWeekly Monthly
 JMH Employee (list SSN# _____)

Is this a modification to a payroll deduction already in effect? Yes No

I hereby authorize the University of Miami Wellness Center and Programs to deduct the appropriate amount from my paycheck each month to pay for services rendered to me by the Wellness Center. This authority will remain in effect until the Wellness Center receives timely notice from me of cancellation in writing in the membership office.

Signature: _____ **Date:** _____

===== **(FOR OFFICE USE ONLY)** =====

Total deduction per pay period: _____ **Start Date:** _____ **Starting Pay Period:** _____

Deduction breakdown: Membership: _____ Dependent(s): _____ Locker: _____

Employee Name: _____ **Date:** _____