



# Perpetual Monthly Payroll Deduct Cancellation

\_\_\_\_\_  
Last Name First Name M.I.

\_\_\_\_\_  
8-Digit University ID Number Department

\_\_\_\_\_  
Campus Address Campus Phone #

## Check the box for each item you are requesting for Perpetual Payroll Deduct Cancellation.

- Faculty/Staff Membership
- Faculty/Staff Sponsored Adult Membership
- Faculty/Staff Sponsored Dependent 4-17 Membership
- Faculty/Staff Family Membership
- Locker Rental: Locker # \_\_\_\_\_

### Specify Sponsored member(s) you wish to cancel.

\_\_\_\_\_  
Name Name

\_\_\_\_\_  
Member ID# Member ID#

\_\_\_\_\_  
Name Name

\_\_\_\_\_  
Member ID# Member ID#

## Initial the statement below stating that you understand and agree to the following conditions.

\_\_\_\_\_  
*Initial* I understand that refund/credits will not be issued for previous deductions. Memberships and/or Locker cancellations for employees in the Perpetual Payroll Deduction Program become effective no earlier than the last day of the month in which the cancellation notice is received. Because each month's membership deductions are for the prior month's service, the final deduction will occur on the next monthly paycheck after the requested date of cancellation.

\_\_\_\_\_  
Requested Date of Cancellation

\_\_\_\_\_  
Faculty/Staff Member Signature

\_\_\_\_\_  
Today's Date

### For Office Use Only - (Only list services cancelled)

Full Cancellation Membership Monthly Deduction . . . . . \$ \_\_\_\_\_

Partial Cancellation Monthly Locker Deduction . . . . . \$ \_\_\_\_\_

### Set-up Fee Location

CRWC Total . . . . . \$ \_\_\_\_\_

FH

HTRC

\_\_\_\_\_  
Date Form is Received

\_\_\_\_\_  
Membership Employee Initials