

Office of Campus Recreation
Mississippi University for Women

() Payroll Deduction Authorization

Name: _____ Date: _____

MUW ID: _____ University Department: _____

Please check one: 9 month employee 12 month employee

Total Owed: _____ Deduction Amount: _____

I hereby authorize Mississippi University for Women to deduct from my salary the amount listed above for MUW Campus Recreation membership fees. I understand that I may change or cancel the above authorization. Requests for cancellation of payroll deduction must be submitted in writing, along with any membership key tags issued, to the Campus Recreation office. Requests made before the 15th of the month will go into effect immediately; otherwise one additional deduction will be made the following month. I also understand that my payroll deduction will continue until the time that I request a change or cancellation of my membership.

Signature _____ Date: _____

() Cancellation of Payroll Deduction

I hereby authorize Mississippi University for Women **CANCEL** my payroll deduction for membership fees for MUW Campus Recreation. I understand unless another form of payment is agreed upon my membership privileges will be revoked immediately.

Signature: _____ Date: _____