

UAM Wellness Center Fee Payroll Deduction Authorization Form



UAM faculty and staff may elect to pay for the UAM Wellness Center Membership Fee through payroll deduction. The annual fee is \$60 per individual membership. This election is for an annual period at the rates listed below. This deduction may also be used to pay membership fees for an eligible spouse. A separate form is required for a spouse.

Rate Per Pay Period Per Individual
\$2.50

Please indicate below the individual for which this form applies (use a separate form for each):

- Self
 Spouse

Employee Name: _____ Employee ID #: _____
(Please Print)

Spouse Name (if indicated above): _____
(Please Print)

INITIAL BELOW THAT YOU AGREE AND UNDERSTAND THE FOLLOWING CONDITIONS:

_____ I authorize the University of Arkansas at Monticello to deduct from my pay each pay period the rate per pay period as indicated above for individual membership.

_____ I understand that by electing payroll deduction, I am agreeing to a twelve (12) month contract and should I wish to cancel my membership prior to 12 months I will continue to be charged until the entire annual fee has been deducted.

_____ I understand that refunds/credits will not be issued for previous deductions, even if I wish to cancel my membership prior to the end of 12 months.

_____ **Non-12 month employees only:** I understand that deductions for any period for which I do not receive payment through the regular payroll will be accumulated and withheld on the next available payroll (For example, 9-month faculty members who do not teach summer classes will have deductions for 1/2 of May, June, July and 1/2 of August on the August 31 payroll. $\$2.50 \times 7 = \17.50 total deduction for August 31).

Employee Signature: _____ Date: _____

To be completed by Personnel Office

Contract Begin Date: _____ Contract End Date: _____

Date entered: _____

Entered by: _____

Cc: Wellness Center
Employee