



Payroll Deduction Authorization

FACULTY/STAFF NAME: _____
PLEASE PRINT YOUR NAME LEGIBLY – AS IT APPEARS ON YOUR PAYCHECK

EMPLID: _____ BANNER #: _____
(Example: @00123456)

DATE OF BIRTH: _____ UTSA EMAIL ADDRESS: _____

UTSA PHONE #: _____

SPOUSE/DOMESTIC PARTNER NAME (if joining): _____

BANNER / REC ID #: _____ DATE OF BIRTH: _____
(Example: @00123456 / M-1234)

EMAIL ADDRESS: _____ PHONE #: _____

Faculty/Staff Membership _____ \$30 / month

Spouse/Domestic Partner Membership _____ \$30 / month

Locker Rental: Faculty/Staff Member Locker
1604 Campus _____ full locker _____ 1/2 locker
\$11.25 / month \$6.25 / month

Spouse/Domestic Partner Locker
1604 Campus _____ full locker _____ 1/2 locker
\$11.25 / month \$6.25 / month

My signature below authorizes The University of Texas at San Antonio (UTSA) to pay UTSA Campus Recreation, on my behalf, in lieu of compensation otherwise payable directly to me, for Recreation Center Membership fees. This agreement is executed effective with compensation earned on or after execution of this agreement, and pursuant to provisions of Section 132(f) of the Internal Revenue Code of 1986, as amended, and as authorized under Section 659.202, et. Seq., *Government Code, Vernon's Texas Civil Statutes*, as amended. The payroll deduction amount each month will be based on the current rate of UTSA Recreation Center membership(s). **My deduction for my Rec Center membership(s) or membership(s) and locker rental(s) is \$ _____ per month.**

I understand that I may change or revoke the above authorization. Requests for change or revocation of payroll deduction must be submitted by completing the section below at the Membership Services Desk in the UTSA Recreation Center. I also understand that if said request is submitted on or before the fourteenth (14th) day of the month, the revocation will go into effect immediately, my membership will be valid through the last day of the current month, and no further deductions will be made. Otherwise, one additional deduction will be made on the first of the following month and my membership will be valid through the last day of that month. **Payroll deduction deadlines are based on payroll cut-off dates; thus, refunds will not be issued.** Should my UTSA employment be terminated, I understand there are no prorated refunds and I will not have facility access after my termination date. Further, I understand Campus Recreation membership and locker rental rates are subject to change in September of each year.

I understand my membership is a commitment (contractual agreement) with UTSA. Payment for my membership will begin to be deducted in _____
MONTH / YEAR

SIGNATURE: _____ DATE: _____

Campus Recreation Staff Name (staff member receiving the form): _____

**TO BE EFFECTIVE THE 1st OF FOLLOWING MONTH, NEW MEMBERSHIPS AND CANCELLATIONS MUST BE RECEIVED BY THE 14TH OF THE CURRENT MONTH FOR PROCESSING BY THE PAYROLL OFFICE.
RETURN THIS FORM TO: Campus Recreation, Attn: Haylee Lee, Fiscal Specialist
Phone: 210-458-6161, e-mail: haylee.lee@utsa.edu**