

UAMS Therapy and Fitness Program

Employee Membership

Payroll Deduction Authorization

In order to have Employee Hour Access you must sign up for Payroll Deduction, monthly draft (if you are part time or a student) or pay a year in advance.

Workday ID # _____

Name: _____

Phone Number: _____ Date: _____

I am paid: (circle one) Biweekly Monthly

Check appropriate deduction:

UAMS Employee:

_____	Biweekly	\$11.53
_____	Monthly	\$25.00
_____	Include Spouse (Biweekly)	\$23.06
_____	Include Spouse (Monthly)	\$50.00

I hereby authorize UAMS to deduct from my paycheck the payment for my monthly fees to the UAMS Therapy Fitness Center.

Employee Signature: _____

Date: _____

UAMS Therapy and Fitness Program
Employee Membership
Debit / Credit Card Monthly Deduction Authorization

In order to have Employee Hour Access you must sign up for Payroll Deduction, monthly draft (if you are part time or a student) or pay a year in advance.

Monthly drafts of \$25.00 are deducted from your Debit or Credit Card between the 6th and 10th of each month.

Name: _____

Phone Number: _____

Date: _____

Month to begin Drafting: _____ Year: _____

Card Number: _____

Expiration: _____

Zip Code: _____

Circle Card Type: Visa MasterCard Discover Debit

I hereby authorize UAMS to deduct from my debit/credit card the payment for my monthly fees to the UAMS Therapy Fitness Center.

I understand that a written notice is required to terminate automatic withdrawals. The notice should be turned in at least 30 days prior to the termination date being requested.

Signature

Date