



Faculty/Staff Payroll Deduct Cancellation Form

Last Name

First Name

MI

UIN

CWID

Please cancel my payroll deduct authorization and discontinue my membership with Campus Recreation. I understand, the date this form is received by Campus Rec and the current payroll schedule will determine the last deduction from payroll. Your membership will end on date you are paid through.

We hate to see you go and if you will please take a minute and let us know the reason you're leaving.

Leaving the university

Not utilizing membership

Schedule and/or hours not convenient

Don't offer programs or services interested in

Cost

Equipment or activity is full and/or too busy

Other _____

Office Use Only

Received by _____ Date _____

Emailed to Payroll _____

Membership Expires _____