

 University of Idaho Campus Recreation **STOP PAYROLL DEDUCTION** Authorization

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Title \_\_\_\_\_ Department \_\_\_\_\_  
Vandal Card/ID #: \_\_\_\_\_ Telephone # \_\_\_\_\_

**Please read the following and submit form:**

- I no longer wish to be enrolled in the UI Employee Wellness Program and/or Student Recreation Center.
- **Wellness card must be returned to the Campus Recreation Office** prior to processing stop payment request.
- This will become effective with the next pay date if Campus Recreation received this form 5 days prior to pay date. If not, it will become effective with the next pay period.
- This form may be sent via fax to 208-885-2340, or mailed through campus mail to the Campus Recreation Office (zip 1230) at the Student Recreation Center.
- **No refunds will be issued.**

Signature	Date
<p><i>Please stop the following membership (please check)</i></p> <p><input type="checkbox"/> Wellness membership*    <input type="checkbox"/> SRC membership    <input type="checkbox"/> SRC/Wellness Combo membership*</p> <p><small>*Wellness and Combo membership must have wellness card returned to Campus Recreation Prior to processing.</small></p>	<p><i>Office Use Only</i></p> <p>Payroll # End: _____</p>

Please contact Campus Recreation at 885-6961 with questions regarding this form.