PAYROLL DEDUCTION AUTHORIZATION

Sports, Fitness & Recreation Facilities
Portland and Gorham Campuses

Please complete the following information to process your membership fee payment through payroll deduction.

______ Sullivan Complex   Dedcd 232

Check one: ___1 semester ($45)   ___2 semesters ($75)   ___1 year ($100)

Professional Staff 12 month deduction = $8.34
Classified Staff Bi weekly deduction = $3.85

I hereby authorize the University of Southern Maine to deduct $________ from (amount)
my ___monthly/___biweekly (check one) payroll check to be applied toward my Sports,
Fitness, & Recreation Facilities Membership Fee beginning ________________ and (date)
continuing until a goal of $________ is reached. (amount)

People soft ID#:____________________  D.O.B (required) ______________

Employee's Name:________________________________________________________

Home Address: (required)
________________________________________________________

Home Telephone #: (required) ________________________________

Position/Title __________________________________________ Office Phone:_________

Campus Address______________________________________________

Signature:________________________________________Date:____________________

Please return completed form to:  Kevin Normand, Asst. Director
                                 Wendy Benson Sargent, Admin. Manager
                                 Sullivan Recreation & Fitness Complex
                                 Portland Campus

11/20/2012