

PAYROLL DEDUCTION CANCELLATION
FOR FITNESS CENTER MEMBERSHIP

NAME _____

DEPARTMENT _____

9-MONTH EMPLOYEE

12-MONTH EMPLOYEE

I wish to cancel payroll deduction for my NCSA Fitness Center membership, effective immediately.

I understand that the deduction for the current month will be drafted if this form is not completed and returned to the payroll office by the 5th of the month.

Employee Signature

Date

Fitness Center Staff Signature

Date