

ARC LOCKER RENTAL PAYROLL DEDUCTION AUTHORIZATION

www.campusrec.illinois.edu

PRINT CLEARLY

Date: _____

Name _____
Last First Middle

E-mail: _____

Employee UIN # _____

Department _____

Campus Address: _____ Campus Phone: _____

Pay Cycle (check one) Bi-weekly Monthly UI Foundation Employee

Deduction Option (check one) Half Locker #: _____ Full Locker #: _____

Initial below that you agree and understand the following conditions:

- _____ I authorize the University of Illinois to deduct from my pay each pay period the amount certified as the official rate by Campus Recreation for ARC locker rental. I understand that this rate is subject to change annually on August 1.
- _____ I understand that my first deduction will be a full deduction plus a prorated amount which is dependent on enrollment date and pay cycle.
- _____ I understand that by electing payroll deduction, I am agreeing to a minimum six month contract and should I wish to vacate my locker prior to six months I will continue to be charged until six months are reached.
- _____ I understand that in order to terminate my participation in the program, or if my University compensation changes or stops for any reason (leave of absence, termination, etc.), I must complete the Payroll Deduction Cancellation form and submit to Member Services in person or via mail or fax. Cancellations will not be accepted via email or phone.
- _____ I understand that should I miss a deduction for any reason, I am still responsible for payment due. Missed deductions will result in cancellation of locker rental.
- _____ I understand that due to payroll deadlines, I may be subject to one additional deduction following my termination request.
- _____ I understand that refunds/credits will not be issued for previous deductions.

Signature: _____ Date: _____

OFFICE USE ONLY

Deduction Amount: _____

Start Date: _____

One-time Adjustment: _____

End Date: _____

White-Campus Rec Copy • Yellow-Customer Copy



Campus Recreation