



**AUTHORIZATION
FOR VOLUNTARY PAYROLL DEDUCTION**

- NEW DEDUCTION
- CHANGE DEDUCTION
- CANCEL/TERMINATE DEDUCTION

Employee ID # _____

Employee pay frequency
Monthly _____ Biweekly _____ 10 Month _____

Employee preferred phone # _____

Add spouse/QA \$10/month Yes / No
Spouse/QA name _____

I, _____ hereby authorize
(print employee's name)

the _____ University of Louisville _____ to deduct from my wages for
(employer)

Get Healthy Now Wellness Center Membership
(reason for deduction)

in the amount of \$ _____ per paycheck, beginning on _____
(amount) (date)

Employee's signature

Date

***Cancellation Notification: Written notification is required prior to the 1st day of the month. Party is responsible for an additional month's dues if written cancellation is provided after the 1st of the month.**

For internal use only

GHN staff signature _____ Date _____