

# PAYROLL DEDUCTION AUTHORIZATION 2016-17

**Available for OSU Faculty and Staff ONLY**

**\*Required to process form**

\* **NAME:** \_\_\_\_\_  
\* **OSU ID #:** \_\_\_\_\_  
\* **OSU EMAIL:** \_\_\_\_\_  
\* **OSU PHONE:** \_\_\_\_\_

**\*Indicate classification / affiliation:**

Faculty     Staff     OSU Chancellor's Office

**Mark in the box your desired package:** Payroll deduction is withheld from your November through May paychecks.

- |  |                        |                    |
|--|------------------------|--------------------|
| <input type="checkbox"/> <b>D1 - Annual Membership</b>   | <b>\$41.43 / Month</b> | <b>\$290 Total</b> |
| <input type="checkbox"/> <b>D2 - Annual Membership AND Large Locker</b>  | <b>\$53.86 / Month</b> | <b>\$377 Total</b> |
| <i>Please indicate - <input type="checkbox"/> I am renewing my current locker    <input type="checkbox"/> I am purchasing a new locker</i> |                        |                    |
| <input type="checkbox"/> <b>D3 - Annual Membership AND Small Locker</b>  | <b>\$48.86 / Month</b> | <b>\$342 Total</b> |
| <i>Please indicate - <input type="checkbox"/> I am renewing my current locker    <input type="checkbox"/> I am purchasing a new locker</i> |                        |                    |
| <input type="checkbox"/> <b>D4 - 9-Month Membership</b>  | <b>\$35.75 / Month</b> | <b>\$249 Total</b> |

## **IMPORTANT -**

By signing this statement, I certify that I understand I am financially responsible for the purchase of my membership and am authorizing payment to be made by payroll deduction. Cancellation of Dixon membership deductions is not allowed except for termination of OSU employment or in specific pre-determined circumstances.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Final Day to Submit a Payroll Deduction Form is Friday, November 4, 2016.**

Completed payroll deduction forms must be turned in to RecServices in Dixon Recreation Center or sent to RecServices / Dixon Rec Center through campus mail.