

UMaine New Balance Recreation Center - Orono, Maine
EMMC EMPLOYEE
PAYROLL DEDUCTION AUTHORIZATION FORM

Starting Month: _____

Badge Verification: _____

I, _____ hereby authorize the following payroll deduction, for UMaine New Balance Recreation Center membership fees, from my bi-weekly pay:

Amount (see below): \$ _____

_____ Current Member _____ New member _____ I wish to cancel membership

This payroll deduction is for membership dues for:

Biweekly deduction	
\$14.77	_____ Individual (EMMC employee)
	_____ Additional person age 14 or older – add \$1.85 per pay-period per person
	_____ Additional person age 5-13, add \$.93 per pay-period per person
Free	_____ Dependents age 0 – 4

Each employee is eligible to be reimbursed \$120 per year, distributed across 26 pay periods, as a Wellness Benefit if enrolled at an off-campus fitness center to off-set the cost. EMMC will gross up this bi-weekly payment to cover the taxes. This payment will appear on your check as a Wellness Benefit for \$5 in each bi-weekly pay period that you participate. (*****New process effective May 1, 2010*****)

I understand that if the deduction cannot be withheld from my pay, then I will be responsible to the UMaine New Balance Recreation Center the payment due.

I understand that Pool employees are not eligible for this payroll deduction and if my status changes to pool, I must notify the gym.

Any changes to the payroll deduction will need to be communicated by the employee to the gym and an authorization form must be completed and signed by the employee. The gym must notify payroll (by the gym's membership coordinator) by the 25th of each month to be effective for the following month. This includes any membership status changes, i.e. individual to family, or ending enrollment.

Employee Signature

Employee ID

Date