



DiSepio Institute for
Rural Health & Wellness

Stop Payroll Deduction Form

Name: _____ Date: _____

ID card # _____

I hereby cancel my authorization for the deduction of monthly fees for the Fitness Center from my pay. I understand that this cancellation will become effective immediately after the form is submitted and approved, but another payroll deduction will occur. Upon initial registration, faculty and staff are given immediate access and not charged until the ensuing pay period. Therefore, once a membership is terminated, there will be one more payment deducted from your paycheck. Members who have had Fitness Center privileges revoked or suspended are not eligible for refunds of their membership fees.

Signature: _____

STAFF USE ONLY:

Today's date _____

Effective date: _____

Staff Initial: _____