

HR/Payroll Use Only
Deduction Code: _____
Limit Amount (opt): _____

PAYROLL DEDUCTION AUTHORIZATION FORM

OneLife Fitness Gym Membership

I hereby authorize Shenandoah University to withhold from my paycheck the amount of \$_____ each bi-weekly paycheck beginning with the pay date of _____ and continuing indefinitely until a 30 day notification of discontinuing this deduction is submitted. This deduction is for the purpose of OneLife gym Fitness membership.

Employee ID# _____ Signature _____

Date _____ Print Name _____

OneLife Fitness Gym Membership Cancellation must be submitted 30 days prior to the first paycheck of the month of service discontinuation.

Please discontinue the deduction from my paycheck of \$_____ which was for the purpose of a OneLife Fitness gym membership. The change is to be effective with the pay date of _____.

Employee ID# _____ Signature _____

Date _____ Print Name _____

OneLife Cancellation Confirmation _____