

**University of Virginia Intramural-Recreational Sports
Payroll Deduction Authorization for Annual Memberships**

DIRECTIONS: To renew your annual Intramural-Recreational Sports membership and authorize payroll deduction, please complete this form and fax to 434-924-3858 or email to recsports@virginia.edu. If you have questions about your annual membership or payroll deduction, please call the Intramural-Recreational Sports Business Office at 434-924-3791. Business Office hours are: Monday – Friday, 9am – 5:30pm.

Employee Name _____ Membership _____
First M Last

UVA E-Mail Address: _____ Department: _____ Group Exercise _____

Additional Memberships: (Circle one)

_____ Membership Spouse Dependent Plus One Youth
First Last Group Exercise

_____ Membership Spouse Dependent Plus One Youth
First Last Group Exercise

Are you nine-month faculty? _____

I understand I have access to all Intramural-Recreational Sports facilities and activities upon receiving my email receipt. I authorize payroll deduction for purchase of an annual Recreation Membership(s) and/or Unlimited Annual Group Exercise pass from my University of Virginia paycheck at the rate established for the time period.

- Only one addition to an open deduction is allowed
- Annual membership will be deducted over the course of **ten** months
- This payroll deduction is **not** pre-taxed
- There is **no** automatic renewal

Note: Payments for annual membership will be 10 months.

Full payment is required upon termination of employment or cancellation of membership. Full balance due will be deducted on employee's final paycheck upon termination. Membership is non-transferable. Membership privileges expire upon employment termination with the University. Membership refunds will be prorated minus 15% of original purchase price for processing.

Date: _____ Signature: _____

**Fax Form to: 434-924-3858 or email recsports@virginia.edu
For more information, call: 434-924-3791**

Office Use Only

Approved by: _____		Date submitted to payroll _____
Full Time Employee	Annual \$340	\$ _____
Part Time Employee	Annual \$390	\$ _____
Spouse	Annual \$390	\$ _____
Dependent	Annual \$390	\$ _____
Plus One	Annual \$390	\$ _____
Youth (per child)	Annual \$70	\$ _____
Unlimited Group Exercise	Annual \$300	\$ _____
	TOTAL	\$ _____

(Initials)

FACULTY STAFF MEDICAL CENTER