



# Payroll Deduction Authorization Form

**Instructions:** Please mail your completed Payroll Deduction Authorization Form AND Registration Form to:

U.S. Mail:  
U-Move Fitness Program  
1256 CCRB  
401 Washtenaw Avenue  
Ann Arbor, MI 48109-2214

Campus Mail:  
U-Move Fitness Program  
1256 CCRB 2214

You may also drop off at the U-Move Fitness Office, 1256 CCRB  
Fax: 734.647.6375

**Name (please print)** \_\_\_\_\_

**UM Employee ID#** \_\_\_\_\_

**Name of Payroll Deduction** \_\_\_\_\_ **U-Move Fitness Classes**

**Payroll Deduction Amount\*** \_\_\_\_\_

\*add \$0.50 to cover the payroll deduction processing fee charged by the payroll office

I authorize the above action to be taken for my deduction and agree to its remittance in accordance with schedules established by the University of Michigan. I understand this deduction will be a one-time deduction for the full cost of the class(es) or camps I am signing up for plus the \$0.50 processing fee charged by the payroll office. If I fail to have the deduction taken, I agree to immediately pay U-Move Fitness the entire amount due. I realize this Authorization must be in the Payroll Office at least ten (10) days prior to the effective paydate.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Uniqname** \_\_\_\_\_

**Daytime Phone** \_\_\_\_\_

