

UIS Rec Sports Membership

PAYROLL DEDUCTION CANCELLATION

Please print legibly

Date: _____ UIN: _____

Name: _____
 Last First MI

Email: _____ Effective Date: _____

Reason for
Cancellation:

This written cancellation notice is required prior to actual cancellation date with the following pay period as the last pay period to be charged.

By signing below I agree to the above terms:

Signature: _____

Please sign and turn into the Rec Sports office at TRAC 1008

For Office Use Only:

Date Received in
Office: _____

Termination Date: _____

Total Deductions: _____

Membership Type: _____

Membership
Period: _____

Processed by: _____

Date Processed: _____