



Lincoln University Campus Recreation & Wellness Payroll Deduction Authorization Form

Date: _____ Staff Initials: _____ Monthly Deduction Amt: _____

Name (Last, First): _____ LU ID#: _____

Hourly/Salary (Circle One) 10 month Faculty? Y / N

Date to Begin Deduction: _____

I understand I have access to all LINC facilities and activities upon receiving my receipt. I authorize payroll deduction for purchase of a Monthly/Annual Recreation Membership(s) from my Lincoln University paycheck at the rate established for the time period. If I need to cancel for any reason I understand that I must fill out a cancellation form or submit an emailed request to batesm@lincolnu.edu.

Print Name: _____

Signature: _____ Date: _____

For LU Staff Only:

Is the PRD form complete? Y/N Is the membership form complete? With Signatures. Y/N

Is the membership form attached to the PRD form? Y/N Does the new member have the Welcome Packet? Y/N