

**UNIVERSITY OF NEW BRUNSWICK
FINANCIAL SERVICES
AUTHORIZATION FOR PAYROLL DEDUCTIONS**

Type of Membership	Annual		4-Month	
	Individual	Family	Individual	Family
<i>Base</i>	\$370 <input type="checkbox"/>	\$525 <input type="checkbox"/>	\$155 <input type="checkbox"/>	\$215 <input type="checkbox"/>
<i>Aquatics</i>	\$180 <input type="checkbox"/>	\$255 <input type="checkbox"/>	\$75 <input type="checkbox"/>	\$100 <input type="checkbox"/>
<i>Combined</i>	\$420 <input type="checkbox"/>	\$590 <input type="checkbox"/>	\$170 <input type="checkbox"/>	\$245 <input type="checkbox"/>
<i>Senior Base</i>	\$335 <input type="checkbox"/>	\$475 <input type="checkbox"/>	\$140 <input type="checkbox"/>	\$195 <input type="checkbox"/>
<i>Senior Aquatics</i>	\$160 <input type="checkbox"/>	\$230 <input type="checkbox"/>	\$70 <input type="checkbox"/>	\$95 <input type="checkbox"/>
<i>Senior Combined</i>	\$370 <input type="checkbox"/>	\$530 <input type="checkbox"/>	\$150 <input type="checkbox"/>	\$245 <input type="checkbox"/>
<i>Express</i>	\$290 <input type="checkbox"/>	\$410 <input type="checkbox"/>	\$120 <input type="checkbox"/>	\$1165 <input type="checkbox"/>
Towel Service	\$65 <input type="checkbox"/>		\$30 <input type="checkbox"/>	
Lockers	RJCC	LB Gym	RJCC	LB Gym
<i>Full-size</i>	\$150 <input type="checkbox"/>	\$85 <input type="checkbox"/>	\$70 <input type="checkbox"/>	\$45 <input type="checkbox"/>
<i>Half-size</i>	\$95 <input type="checkbox"/>	\$55 <input type="checkbox"/>	\$55 <input type="checkbox"/>	\$30 <input type="checkbox"/>

Annual Duration will be withdrawn over 24 pay periods. 4-month duration will be over 8 pay periods.

Prices listed above do not include HST.

I hereby authorize Financial Services to deduct from my bi-weekly pay the amount of the above-noted fee in equal installments over the indicated number of pay periods. I understand that if my employment relationship with the University of New Brunswick ends, or I begin a leave of absence, the remaining amount owing will be processed on the final pay cheque. Once payroll deduction is set-up any additional purchases will be paid in full.

DATE: _____

EMPLOYEE NAME (PRINT): _____

EMPLOYEE IDENTIFICATION NUMBER: _____

DEPARTMENT: _____

EMPLOYEE SIGNATURE: _____

WITNESS SIGNATURE: _____

Membership		CR: 1-347035-46084-11-07
Locker		CR: 1-389001-46085-11-07
Towel		CR: 1-389001-46085-11-07
Sub-Total		
HST (15%)		CR: 1-000000-21505-11-00
TOTAL		DR: 1-000000-12022-11-00

**UNIVERSITY OF NEW BRUNSWICK
FINANCIAL SERVICES
AUTHORIZATION FOR PAYROLL DEDUCTIONS**

Type of Personal Training Package	Member	Non-Member
10	\$445 <input type="checkbox"/>	\$540 <input type="checkbox"/>
20	\$790 <input type="checkbox"/>	\$940 <input type="checkbox"/>

*10 sessions will be deducted over five pay periods. 20 sessions will be deducted over eight pay periods.
Prices listed above do not include HST.*

I hereby authorize Financial Services to deduct from my bi-weekly pay the amount of the above-noted fee in equal instalments over the indicated number of pay periods. I understand that if my employment relationship with the University ends, **or I begin a leave of absence**, the remaining amount owing will be processed on the last pay cheque.

DATE: _____

EMPLOYEE NAME (PRINT): _____

EMPLOYEE IDENTIFICATION NUMBER: _____

DEPARTMENT: _____

EMPLOYEE SIGNATURE: _____

WITNESS SIGNATURE: _____

Personal Training		CR: 1-347033-46084-11-07
HST (15%)		CR: 1-000000-21505-11-00
TOTAL		DR: 1-000000-12022-11-00