

**UNIVERSITY OF NEW BRUNSWICK
FINANCIAL SERVICES
AUTHORIZATION FOR PAYROLL DEDUCTIONS 2018/19**

Type of Membership	Annual		4-Month	
	Individual	Family	Individual	Family
Base	\$345 <input type="checkbox"/>	\$492 <input type="checkbox"/>	\$139 <input type="checkbox"/>	\$197 <input type="checkbox"/>
Aquatics	\$167 <input type="checkbox"/>	\$235 <input type="checkbox"/>	\$67 <input type="checkbox"/>	\$93 <input type="checkbox"/>
Combined	\$391 <input type="checkbox"/>	\$557 <input type="checkbox"/>	\$156 <input type="checkbox"/>	\$224 <input type="checkbox"/>
Senior Base	\$311 <input type="checkbox"/>	\$443 <input type="checkbox"/>	\$124 <input type="checkbox"/>	\$177 <input type="checkbox"/>
Senior Aquatics	\$150 <input type="checkbox"/>	\$214 <input type="checkbox"/>	\$60 <input type="checkbox"/>	\$86 <input type="checkbox"/>
Senior Combined	\$351 <input type="checkbox"/>	\$501 <input type="checkbox"/>	\$141 <input type="checkbox"/>	\$201 <input type="checkbox"/>
Express Base	\$268 <input type="checkbox"/>	\$383 <input type="checkbox"/>	\$107 <input type="checkbox"/>	\$153 <input type="checkbox"/>
Towel Service	\$44.25 <input type="checkbox"/>		\$17.70 <input type="checkbox"/>	
Lockers	RJCC	LB Gym	RJCC	LB Gym
Full-size	\$130 <input type="checkbox"/>	\$55 <input type="checkbox"/>	\$60 <input type="checkbox"/>	\$25 <input type="checkbox"/>
Half-size	\$80 <input type="checkbox"/>	\$35 <input type="checkbox"/>	\$45 <input type="checkbox"/>	\$15 <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Annual Duration will be withdrawn over 24 pay periods. 4-month duration will be over 8 pay periods.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: 1-347035-46010-11-07
Locker		CR: 1-347040-46010-11-07
Towel		CR: 1-347000-46010-11-07
Sub-Total		
HST (15%)		CR: 1-000000-21505-11-00
TOTAL		DR: 1-000000-12022-11-00

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Type of Personal Training Package	Member	Non-Member
10	\$419 <input type="checkbox"/>	\$505 <input type="checkbox"/>
20	\$735 <input type="checkbox"/>	\$879 <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: 1-347062-46010-11-07
HST (15%)		CR: 1-000000-21505-11-00
TOTAL		DR: 1-000000-12022-11-00