

UNM Banner ID: _____ NAME: _____

**THE UNIVERSITY OF NEW MEXICO
FACULTY/STAFF CLUB MEMBERSHIP
MEMBERSHIP/PAYROLL DEDUCTION FORM**

It is hereby mutually understood and agreed that for the purpose of Faculty/Staff Club Membership, the Employee authorizes the UNM Payroll Office on behalf of the Faculty/Staff Club to:

Deduct \$7.00 per month *, effective ____/____/____ (MM/YYYY).

OR **Terminate** payroll Deduction effective ____/____/____ (MM/DD/YYYY).

OR **Pay by check** \$7.00 per month for ____ months,

effective ____/____/____ (MM/YYYY)**.

The deduction specified above shall continue unchanged, unless the Employee gives 30 days written notification for cancellation of the membership deduction.

Special NOTES:

*Bi-Weekly: Dues will be drawn on the **first paycheck of the month only**.

For 9 /10 month contract employees, a double deduction will be taken in May and August.

** Pay by check option available for Retirees and Adjunct Faculty only.

Signature: _____ Date: _____

Employee Phone (daytime): _____

Employee e-mail: _____

Please sign and send this form via CAMPUS MAIL to:

**Amanda Gerard, Manager
Faculty Staff Club
MSC02 1620
Albuquerque, NM 87131-0001**

**THIS DOCUMENT DUE TO UNM PAYROLL OFFICE
NO LATER THAN THE 15TH OF THE MONTH**

Payroll Deduction Code: ___G14____ (PAYROLL OFFICE USE ONLY)