



Middle Georgia State University

**Recreation & Wellness Center - Macon Campus
Payroll Deduction Authorization Form**

I, _____, authorize Middle Georgia State University to deduct \$20 per month from my paycheck, beginning in the month of _____, _____. *(Please note that employees paid bi-weekly will have their monthly amount divided into two deductions per month.)*

I agree and understand that this deduction will run indefinitely until I cancel by written notification to the Payroll Office seven days prior to the applicable pay date.

Employee Signature _____

Faculty/Staff ID# _____

Date _____

****Recreation & Wellness Center fee deduction is an *after tax* deduction.****

**Please return completed form to:
Payroll Office
Attn: Amanda Register
Macon Campus - Jones Building, Suite 230
payroll@mga.edu**