



**NOAA FITNESS CENTER  
PAYROLL DEDUCTION AUTHORIZATION/CANCELLATION FORM**

**NOAA FEDERAL EMPLOYEES ONLY**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Department: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Authorize**

\_\_\_\_\_ I hereby authorize Human Resources to deduct \$ \_\_\_\_\_ from my paycheck each pay period, to be paid to the NOAA Fitness Center. I am aware that it may take up to 3 pay periods for the “union dues” to appear on my paystub. The Fitness Center Staff is responsible for altering Human Resources and processing the appropriate paperwork. I understand that if my authorizations are not being deducted within 3 pay periods, I may be asked to resubmit another form or to pay the remaining balance.

**Cancel**

\_\_\_\_\_ I hereby request Human Resources to cancel the \$ \_\_\_\_\_ deductions from my paycheck each pay period. I am aware that it may take up to 3 pay periods for the “union dues” to disappear on my paystub. It is my responsibility to notify the Fitness Center Staff and Human Resources if the cancellations have not disappeared within 3 pay periods. Any requests for a refund must be submitted in writing during the 3 pay periods. After which it is at the discretion of the NFA Board of Directors. In the event of a medical emergency wherein I am physically unable to utilize the NOAA Fitness Center, I will notify the staff within 30 days with a physician’s note in order to receive the entitled pro-rated refund.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff: \_\_\_\_\_

Date: \_\_\_\_\_

**PRIVACY STATEMENT:**

Section 5525 of title United States Code (Allotments and Assignment of Pay) permits Federal agencies to collect this information. This completed form is used to request that NOAA Fitness Center membership fees be deducted/cancelled from your pay and to notify the NOAA Fitness Center of the deduction/cancellation. Completing this form is voluntary, but it may not be processed if all required information is not provided.

This record may be disclosed outside your agency to: (1) Department of Treasury to make proper financial adjustments; (2) a Congressional office if you make an inquiry to the office related to these records; (3) a court of an appropriate government agency if the government is party to legal suit; (4) an appropriate law enforcement agency if we become aware of a legal violation; (5) other Federal agencies for management, statistical and other official functions (without your personal identification). Executive order 9387 allows Federal agencies to use the social security number (SSN) as an individual identifier to avoid confusion caused by employees with the same or similar names. Supplying your SSN is voluntary, but failure to provide may mean that payroll deductions cannot be processed.