

## **Payroll Deduction Cancellation Request**

**Campus Recreation Complex** 

Initial/Date

P	PRIMARY MEMBER (Geo	rgia Tech Affiliated	) PLEASE PE	RINT CLEARLY				
Today's Date (MM/DD/YYYY)	GTID # (9 digits)				BuzzCard # (6 digits on back of card)			
First Name	Middle Initia	Middle Initial			Last Name			
Primary Phone	Email Address		Pay Group Acade	mic I	Monthly	Bi-weekly		
	PAY	ROLL DEDUCTION						
I am a benefits-eligible Georgia Tech e change withholdings of my single mer	Payroll Deduction Action (check all that apply)		Member Feedback (check one)					
or membership with spouse/domesti payment from my academic	End Deduction		May we contact you to obtain feedback about your Campus Recreation Center experience					
Signature	 	End Spouse/Partner Deduction		and membership via telephone?  Yes No		_ '		
	FOR (	OFFICE USE ONLY				Updated 09/22/2017		
OHR CRC Deduction Fusion Membership Confirmation Email								

Initial/Date

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