



UNIVERSITY HEALTH CLUB

PAYROLL DEDUCTION FORM

COMPANY:

- OUHSC
- Dean McGee
- Other _____

STOP CHANGE START

NAME: _____

OUHSC Employee ID # _____

SSN# for Non-OUHSC Employees _____

Month Effective _____

Amount to be Deducted \$ _____

Misc. Notes: _____

Signature _____

Date _____

Any questions please call (405) 271-1650