



The UNIVERSITY of OKLAHOMA

Health Sciences Center

University Health Club | University Research Park Health Club

# MEMBERSHIP UPDATE FORM

## FACILITY ACCESS/MEMBERSHIP TYPE UPDATE

Current Membership:  UHC  URPHC  UHC+URPHC Membership Type: \_\_\_\_\_

Updated Membership:  UHC  URPHC  UHC+URPHC Membership Type: \_\_\_\_\_

I authorize the University Health Club to make this addition to my membership, and understand that my monthly bill will reflect these changes. This Authority remains in effect until I notify the University Health Club in writing to cancel this authorization, allowing at least ten (10) days to act upon it.

Office Use only	
Current Rate	\$ _____
Updated Rate	\$ _____
Member #	_____

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## BILLING INFORMATION UPDATE [Attach a voided check to this authorization]

Bank Name: \_\_\_\_\_ Name on Acct: \_\_\_\_\_ Acct Type: \_\_\_\_\_

Acct Number: \_\_\_\_\_ ABA Number: \_\_\_\_\_

I authorize the University Health Club and the financial institution named below to make automatic monthly withdrawals from the account below. This authority remains in effect until I notify the University Health Club in writing to cancel this authorization, allowing at least ten (10) days to act upon it.

Office Use Only	
Monthly Rate \$	_____
Membership	_____
Member #	_____

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PAYROLL DEDUCTION STOP

Printed Name: \_\_\_\_\_ OUHSC Employee HR # \_\_\_\_\_

Paycheck Stop Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Misc. Notes: \_\_\_\_\_

OUHSC persons who currently participate in payroll deduction are not allowed to change payroll deduction amounts in order to add or subtract payment options for self or sub-members on his/her account. If membership status or type changes for any reason, payroll deduction must cease and membership fees must be paid using EFT. The BILLING INFORMATION UPDATE section of this form must be completed in order to retain membership with the University Health Club or University Research Park Health Club. The PAYROLL DEDUCTION STOP section of this form does not serve as a membership cancellation. By signing below, I wish to stop payment for my membership fees through payroll deduction.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_