Office of Physical Education, Recreation & Sports (OPERS)
University of California, Santa Cruz

OPERS Facility Usage Membership
Payroll Deduction Cancellation Request Form

_____ _____
Today's Date Staff ID#

_____
Your Name (as it appears on your Membership)

Dear Katie Savacool,

Please cancel my monthly Payroll Deduction of $20.00 for my OPERS Facility Usage Membership. I understand my membership will end the last day of the month of receipt of this form, and the deductions will continue for one additional month.

_____
Signed Date

Please tell us why you are cancelling your membership. _____

_____

_____

_____

Send this form through campus mail to:

Katie Savacool
OPERS

Or FAX to (831)459-4070

You will receive an e-mail confirmation after your request is processed. For questions or concerns, please contact Katie at ktcool@ucsc.edu, or (831) 459-5076 or the OPERS office at (831) 459-2531 or reccards@ucsc.edu

For Office Use Only
Date Form was received _____
Date confirmation e-mail sent to employee confirming _____
Date for data entry changes in Payroll Deduction _____
Type of Pay: MO or BI Mo: _____ Decl: _____
Card cancellation effective: _____ Payments end date: _____