PAYROLL DEDUCTION AUTHORIZATION FORM



Phone: (713-313-6885) Txsucampusrec@tsu.edu

| PERSONAL INFORMATION | N (PLEASE PRINT): | |
|--|--|---|
| MEMBER #: | T#: | |
| LAST NAME: | FIRST NAME: | |
| STREET: | | |
| CITY: | STATE: | ZIP: |
| PHONE NUMBER: | E-MAIL: | |
| AUTHORIZATION/CANCE | LLATION/FREEZE: | |
| ☐ AUTHORIZE ☐ CA | NCEL CHANGE | |
| PAYROLL DEDUCTION: Campus Recreation & Wellness Co | enter | |
| DRAFT Service: | | |
| □ Membership □ Locker Rental () Half () Full □ Personal Training Sessions □ Massage Therapy Sessions | ☐ One Time Payment ☐ Monthly Payment | Additional Information: |
| | | TOTAL AMOUNT: |
| | AMOUNT PI | ER PAYCHECK (IF APPLICABLE): |
| | El | FFECTIVE DATE: |
| future access. Members will provide all documenta their membership is non-refundable and non-tran the member. Cancellation forms must be submitte member's responsibility to notify campus recreation | ubject to verification for proper classification. False tion necessary to receive appropriate membership rasferable. All payroll deduction memberships are on a d by the 15th of the prior month. Failure to do so with immediately of any changes in payroll deduction. | and inaccurate information may result in a loss of membership and ates as determined by my membership class. Members understand that a monthly or one time basis and can only be canceled at the request of ill result in membership renewal for the following month. It is the Members also understand that the Campus Recreation Center will be as well as select holidays, campus closures and other emergency |

situations and my membership will not be extended or refunded due to these closures. Campus Recreation reserves the right to increase or add fees with 30 days notice to members. *My signature signifies that I have read and understand the terms and conditions.*

Updated May 2022

Member's Signature:

Office Use Only:

Authorized Staff Signature:

Date