## PAYROLL DEDUCTION AUTHORIZATION FORM



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

PERSONAL INFORMATION (PLEA	SE PRINT):		
MEMBER #:	] T# :		
LAST NAME:	FIRST NAME:		
STREET:			
CITY:	STATE:		ZIP:
PHONE NUMBER:	E-MAIL:		
AUTHORIZATION/CANCELLATIO	N/FREEZE:		
□ AUTHORIZE □ CANCEL	□ CHANGE		
PAYROLL DEDUCTION:			
Campus Recreation & Wellness Center			
DRAFT Service:			
Locker Rental ( ) Half ( ) Full	ne Time Payment Ionthly Payment	Additional Information	on:
	A MOUNT DED	TOTAL A	
		ECTIVE DATE:	

## **TERMS AND CONDITIONS:**

Applicant, please read and sign: All memberships are subject to verification for proper classification. False and inaccurate information may result in a loss of membership and future access. Members will provide all documentation necessary to receive appropriate membership rates as determined by my membership class. Members understand that their membership is non-refundable and non-transferable. All payroll deduction memberships are on a monthly or one time basis and can only be canceled at the request of the member. Cancellation forms must be submitted by the 15th of the prior month. Failure to do so will result in membership renewal for the following month. It is the member's responsibility to notify campus recreation immediately of any changes in payroll deduction. Members also understand that the Campus Recreation Center will be closed for a minimum of 1 week at the end of the summer semester for annual maintenance and repair 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	 . [	Office Use Only:
Member's Signature:		Authorized Staff Signature:
	- I	Date: