

---

**Annual Membership Monthly Deduction Authorization**

---

*Please print clearly*

Name \_\_\_\_\_ Date \_\_\_\_\_

First

Last

Middle

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

\*\*\***MUST** attach a voided check to this form\*\*\*

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:    \_\_\_ Checking                    \_\_\_ Savings

I understand and agree to the following terms of an Annual Monthly deduction membership:

- I authorize Southern Illinois University to deduct from my bank account the proper monthly amount for membership dues to the Student Recreation Center.
- The **monthly** deduction will be \$\_\_\_\_\_ on the 5<sup>th</sup> of each month (for the **Current** month).
- If my account has insufficient funds to cover my membership dues, my membership will be suspended pending payment.
- Insufficient funds transactions will incur a \$25.00 service fee.
- There is a required 3 month participation minimum from the time your first deduction is deducted.
- This rate is subject to change annually on July 1<sup>st</sup> in correlation with any increase in student fees approved by the Board of Trustees.
- This membership is perpetual, therefore deductions will continue until I terminate in writing or through email to the Member Services Office.
- Should I wish to terminate my Annual Monthly deduction membership, or if my bank account is closed, it is my responsibility to notify the Recreational Sports and Services Member Services Office in writing or through email.
- Depending on the date of my written request, I understand I may be subject to additional deductions following my termination request.
- There will be no refunds/credits issued for previous deductions or non-use of the facility.

**I authorize Southern Illinois University and the Department of Recreational Sports and Services, to deduct from my bank account the proper amount for membership fees to the Student Recreation Center.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

---

Member Services Use only: Date \_\_\_\_\_ Staff member name (printed) \_\_\_\_\_