

Annual Membership Monthly Deduction Authorization *Please print clearly* Name Date Last Middle First 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 5th 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 1st 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. If my written request to terminate occurs between the 1st and 5th of the month, I understand I may be subject to an additional deduction 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)