

PAYROLL DEDUCTION AUTHORIZATION

	Please print clearly	
Date:	AIS#:	
Name:		
First	Last	Middle
Department	Email	
Campus Address		
Campus Phone		
Pay Cycle (check one). Bi- W	eekly Monthly	Semi-Monthly
Please note you MUST be a 12	?-month Full time employee to sign-u	p for Payroll Deduction.
I understand and agree to the follow	wing terms of an Electronic Fur	nds Transfer (EFT) deduction
membership:		
 Center membership rates. This membership is perpetual; the to the Recreational Sports and Se Should I wish to terminate my par (leave of absence, workman's' con Recreational Sports and Services I Depending on the date of my writh subject to additional deductions from the services. 	emonths a year). Stions is required. Sally on July 1st in correlation with an erefore deductions will continue unstruces Member Services Office. Syroll deduction, or if my University of mp, termination, etc.), it is my response Member Services Office in writing of the request and University payroll of the request and University payroll of the organization of the previous deductions or non-use of the carbondale (Department of Recreations).	til I terminate in writing or email compensation stops for any reason onsibility to notify the remail. deadlines, I understand I may be of the facility.
Center membership fees. Signature		