

Student Recreation Center Payroll Deduction Membership Application

Complete in Ink

Last Name _____ First Name _____
Address _____ Phone _____ / _____ - _____
City _____ State _____ Zip Code _____
Email * _____
SFA ID CARD _____ DOB ____ / ____ / _____

* Campus Recreation will only use your email address to inform you about important information related to your membership and will not give out this information to any outside group / organization.

Note:

Payroll deduction is only available for employees who receive a paycheck all 12 months of the year. Your paycheck will be deducted on a monthly basis with the below expense until you terminate your membership.

Itemized Items:

		Total
<input type="checkbox"/> Faculty/Staff Membership	\$30 per month	_____
<input type="checkbox"/> Spouse Membership	\$30 per month	_____
<input type="checkbox"/> Dependent 16 + years old	\$30 per month	_____
<input type="checkbox"/> Dependent 5-15 years old	\$12.50 per month (membership only valid during family hours)	_____
<input type="checkbox"/> Locker Rental	\$4 per month per locker	_____
<input type="checkbox"/> Towel Service	\$3 per month per person	_____

Total Expenses per Month: \$ _____
(Monthly Payroll Deduction)

Authorization for Payroll Deduction:

My signature authorizes a monthly deduction of \$ _____ for the items checked off in the "Itemized Items". I understand that this authorization automatically deducts the above-referenced monthly fee from my first payroll check of each month. This deduction is effective the first day of _____.
(Month)

Employee Signature: _____ **Date:** _____

SFA Employee #: _____ Signature & SFA Employee Number are required to process membership requests for payroll deductions.

1st month payment: \$ _____ CSI Receipt #'s: _____ Cashier: _____

I hereby represent that all the information provided to Stephen F. Austin State University on this document is accurate and complete to the best of my knowledge. My signature acknowledges my acceptance of, and compliance with, the applicable Stephen F. Austin State University policies, including the policies and guidelines of the Student Recreation Center – Campus Recreation Department.

Applicant's Signature: _____ **Date:** _____