

Florida Atlantic University
Department of Campus Recreation
Payroll Deduction Form
[Code 704]

Member Information

Last Name: _____ First Name: _____
Z Number: _____ Campus Phone: _____
Campus Address: _____ Email Address: _____

Member Agreement

I understand that this agreement is a binding contract for one calendar year from the day I sign-up for my Rec Membership and is non-transferable and non-refundable. The Annual Membership rate is \$240+tax and a processing fee of \$30 will be assessed to cancel my membership prior to the end of the 12-months. At the end of the 12-month agreement, my membership will be automatically renewed on a month-by-month basis until a cancellation form is received. No cancellation fees will be charged after the 12-month agreement has been fulfilled.

Payroll Agreement

As a FAU Faculty/Staff member, hereby authorize the Payroll Department to begin payroll deductions in the amount indicated below for an Annual Membership to the Department of Campus Recreation. Request for cancellation of my membership must be submitted in writing to the Department of Campus Recreation.

____ 12 month Faculty/Staff: \$20+tax deducted monthly from the first paycheck of each month for a term of 12 months (For 12 month Faculty/Staff only)

____ 10 Month: \$24+tax deducted monthly from the first paycheck of each month for a term of 10 months (For 10 month Faculty only)

____ 8 Month: \$30+tax deducted monthly from the first paycheck of each month for a term of 8 months (For 9 month Faculty only)

Payroll deductions will begin the first paycheck of the month following the receipt of paperwork by the Payroll Office. Please allow up to one month for deductions to begin. Please also be aware deductions may continue after membership is cancelled.

Member Signature: _____ Date: _____

Office Use Only

Membership Specialist: _____ Date: _____ Pro Staff: _____ Date: _____

E-mailed to Payroll: _____ First Deduction: _____

Cancellation Date: _____ Last Deduction: _____