

Faculty/Staff Payroll Deduct Membership

Last Name	First Name	Middle Initial	CWID	UIN
Address	C	City	Zip	
Date of Birth	Phone Number	Email	Gender	
Emergency Contact		Emergency Contact Phone Number(s)		
agree to follow all of the member to be breaks will result in non-transferable a services. By signing below,	ement embership Form in its entire policies and procedures out bring their membership ID e n reduced hours and extend and that failure to oblige all p	tlined by the Department of each visit. Maintenance, rer ded closure. I understand the policies and staff instruction service agreement, policies	f Campus Recreation. It novations, capital project hat this membership is not will result in suspension	is the responsibility its and university on-refundable, n or termination of
Signature:		Date:		
Authorization	n For Payroll Deducti	ion		
for services at the any time. Payroll I initial payment of S If I wish to cance Cancellation For	rize Texas A&M University-O Morris Recreation Center at Deduct will stop once a Payr \$25.00 must be paid at the t el, I understand that I must m in full and turn it in by the eduction will continue for the	is indicated above. I unders roll Deduct Cancellation Fo time of membership registra t notify Campus Recreation he 5 th of the month. If I tu	stand that I may revoke to orm is turned into Camputation in order to activate on by filling out the Pay orn in the completed for	this authorization at us Recreation. The the deduction. yroll Deduct rm after the 5 th of
Signature:			Date:	
OFFICE USE OF	NLY Sold by			
Email to Payroll	Date	Name		