

# JACOBS FITNESS CENTER FULL TIME FACULTY & STAFF PAYROLL DEDUCTION FORM

Step 1. Complete this section--please print.

Name \_\_\_\_\_  
AU ID \_\_\_\_\_ Email \_\_\_\_\_  
Campus Dept \_\_\_\_\_  
Campus Address \_\_\_\_\_  
Campus Telephone \_\_\_\_\_

Step 2. Indicate membership type and effective date.

- I want to (*check one*)       Join                       Drop     Change level  
Membership level (*check one*)     Individual               Family  
I am paid (*check one*)               Monthly                   Bi-weekly  
I am a (*check one*)                   Full Time Faculty     Full Time Staff Member  
 By checking this box, I certify that I am a full time faculty or staff member and am eligible for benefits at AU.

Step 3: Review the following agreement terms.

- I understand that the membership fee for the Jacobs Fitness Center will be deducted from my paycheck each pay period.
- I understand that if annual membership fees increase or decrease, the change will be reflected in the amount deducted from my check starting in the first affected pay period.
- To end this payroll deduction, I understand it is my responsibility to notify the Jacobs Fitness Center Manager in writing.
- I understand that if I leave the university my membership at the Jacobs Fitness Center will end.

Step 4: Sign.

I certify that the information provided is correct and that I have read and understand the terms of this agreement above. By signing this agreement, I authorize AU to deduct the appropriate Jacobs Fitness Center fee from my check each pay period.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Step 5: Return by campus mail or in person to the Jacobs Fitness Center front desk to:

Attn: Jocelyn Hill  
Jacobs Fitness Center  
Sports Center Room 230  
Fax: x1007

## For Jacobs Fitness Center and HR Use Only

Entered:  
Jacobs Fitness Center: \_\_\_\_\_ Date: \_\_\_\_\_ Entered: HR: \_\_\_\_\_ Date: \_\_\_\_\_