

Recreational Sports & Fitness

Full Time Faculty & Staff Payroll Deduction Form

Step 1. Complete this section – please print.

Name: _____

AU ID: _____ Email: _____

Campus Department: _____

Campus Telephone: _____

Step 2. Indicate membership type and effective date (check one).

I want to Join Drop Change Level

Membership level Individual Family

I am paid Monthly Bi-weekly

I am a Full Time Faculty Full Time Staff Member

*If Full Time Faculty I am 9 month 12 month

By checking this box, I certify that I am a full-time faculty or staff members and am eligible for benefits at AU.

Step 3. Review the following agreement terms.

- I understand that the fee for the Recreational Sports and Fitness membership 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 Recreational Sports and Fitness in writing.
- I understand if I leave the university my Recreational Sports and Fitness membership 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 Recreational Sports and Fitness fee from my check each pay period.

Signature: _____ Date: _____

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

Attn: Jocelyn Hill
Recreational Sports and Fitness
Sports Center Room 230
Fax: x1007

For Recreational Sports and Fitness and HR use only

Entered Recreational
Sports:

Date:

Entered HR:

Date: