



**GALVESTON CAMPUS.**

**Campus Recreation Department**

**Payroll Deduction Agreement**

Check Appropriate:  New Enrollment  Stop Enrollment  Change Enrollment (Includes Add/Drop Dependent)

**PLEASE PRINT LEDGIBLY:**

Employee Information:

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Last First M.I.

UIN# \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

\*\*\* Membership Selection (please indicate your selection by checking the boxes) Monthly Deduction  
Dependent: 18-25 years old

12 Month Employee Options:

- |  |         |       |   |         |
|--|---------|-------|---|---------|
| <input type="checkbox"/> Individual Faculty/Staff Membership           | \$26.25 |       |   |         |
| <input type="checkbox"/> Additional Spouse/Dependent Membership (each) |         | _____ | X | \$26.25 |

9 Month Employee Options:

- |  |  |       |   |         |
|--|--|-------|---|---------|
| <input type="checkbox"/> Individual Faculty/Staff Membership – Annual access             |  |       |   | \$35.00 |
| <input type="checkbox"/> Additional Spouse/Dependent Membership (each) – Annual access   |  | _____ | X | \$35.00 |
| <input type="checkbox"/> Individual Faculty/Staff Membership – Sept-May access           |  |       |   | \$26.25 |
| <input type="checkbox"/> Additional Spouse/Dependent Membership (each) – Sept-May access |  | _____ | X | \$26.25 |

Spouse/Dependent(s) Name(s): \_\_\_\_\_

**\*\*\*Three deduction minimum.**

My signature below authorizes Texas A&M University at Galveston to pay the Campus Recreation Department on my behalf, in lieu of compensation otherwise payable directly to me, for Campus Recreation membership fees. The payroll deduction amount each month will be based on the current rate of the facility membership(s) and membership will automatically renew so long as eligible employment continues. The Campus Recreation Department reserves the right to increase the facility membership price on an annual basis. **In order to cancel agreement, a stop enrollment form must be filled out at the front desk.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

+++++  
Cashier Use: Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

FOR OFFICE USE ONLY:		Deduction code: 01=9 months 02=12 months		
Deduction Code	Recipient Code	Start Date	Stop Date	Monthly Deduct Amount
<input type="text"/>	03 RecSports	<input type="text"/>	<input type="text"/>	<input type="text"/>