



GALVESTON CAMPUS.

Department of Campus Recreation

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: Qty
 Individual Faculty/Staff Membership \$36.25
 Additional Spouse/Dependent Membership (each) _____ X \$36.25

9 Month Employee Options:
 Individual Faculty/Staff Membership – Annual access \$48.33
 Additional Spouse/Dependent Membership (each) – Annual access _____ X \$48.33
 Individual Faculty/Staff Membership – Sept-May access \$36.25
 Additional Spouse/Dependent Membership (each) – Sept-May access _____ X \$36.25

Spouse/Dependent(s) Name(s): _____

*****Three deduction minimum.**

My signature below authorizes Texas A&M University at Galveston to pay the Department of Campus Recreation on my behalf, in lieu of compensation otherwise payable directly to me, for Recreational Facilities 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 Department of Campus Recreation 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 _____

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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
 03 RecSports