Drexel University Recreation Center
PAYROLL DEDUCTION AUTHORIZATION FORM

PERSONAL INFORMATION
☐ Drexel University  ☐ Drexel University College of Medicine
Name (Last, First, MI): ________________________________
University ID#: ________________________________
Department: ________________________________
Daytime Phone Number: ______________ Email Address: ________________________________

Classification: ☐ Faculty  ☐ Staff
Pay Period: ☐ Weekly  ☐ Bi-Weekly ☐ Monthly

NOTE: Individual must be currently employed as a FT permanent faculty/staff at Drexel University

Payroll Action:
☐ Activate Payroll Deduction
☐ Modify Payroll Deduction Upgrade Membership/Downgrade Membership
☐ Terminate Payroll Deduction Reason for Termination: ________________________________

Membership Type / Fee:
Membership Type: ________________________________
Annual Membership Fee: ________________________________

Membership Dates:
Membership Start Date: ______________ Membership End Date: ______________

Authorization of Payroll Deduction & Stipulations
I authorize Recreation Services to initiate payroll deduction(s) for my annual enrollment of the Recreation Center as indicated herein. I agree to have this deduction paid directly to Drexel Recreation Services.
I understand the following:
☐ Deductions are voluntary on my part and are in effect until the annual membership fee is met.
☐ Deductions affect only the price to access the Recreation Fitness Center and exclude deductions of any other fees for services to Recreation Services (i.e. locker rental)
☐ Deductions will be taken each pay period regardless of how often I choose to utilize the Recreation Fitness Center at Drexel University
☐ Cancellation of payroll deduction may be granted for one of the following reasons:
  ☐ Employment from the Drexel University is terminated (Voluntarily or Involuntarily) Verification will be made with Human Resources
  ☐ Medical emergencies that inhibit the member from utilizing the Recreation Center Written documentation is required from a physician.
☐ Application forms that are not completely filled out will not be processed

Employee Signature (required): ________________________________ Date: ______________
Welcome Center Staff Signature: ________________________________ Date: ______________

Service Office Membership Staff Use:
Signature: ________________________________ Date Requested: ______________ Date Completed: ______________

RECREATION CENTER | DREXEL UNIVERSITY | 3315 MARKET STREET | PHONE 215.571.3513 | FAX 215.895.2307 | DREXEL.EDU/RECCENTER