

**Drexel University Recreation Center
PAYROLL DEDUCTION AUTHORIZATION FORM**



PERSONAL INFORMATION Please print all information clearly

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 Signature required below

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: _____

