

Check one:

New/Renewal Membership

Cancellation

Change

Texas A&M International University

Payroll Deduction Authorization Form
For Recreational Sports Membership

Check one:

Faculty

Staff

Administrator

Employee Information – Please print or type.

Employee Name	Universal Identification Number
Department Name	Email

MEMBERSHIP OPTIONS (Please select one payment method):

Deduct Type <i>(Please check one)</i>		Membership Type	Cost
9-month <i>(Sept thru May)</i>	12-month <i>(Sept thru Aug)</i>		
		Employee Membership Pass – On Going (Staff-Bi-weekly) <i>(Deducted on an on-going basis)</i>	\$25.00 per month
		Employee Membership Pass – One Fiscal Year (Staff-Bi-weekly) <i>(Deducted for one fiscal year only – September 1st thru August 31st)</i>	\$25.00 per month
		Employee Membership Pass – On Going (Staff-Monthly) <i>(Deducted on an on-going basis)</i>	\$25.00 per month
		Employee Membership Pass – One Fiscal Year (Staff-Monthly) <i>(Deducted for one fiscal year only – September 1st thru August 31st)</i>	\$25.00 per month
		Spouse Membership Pass – On Going <i>(Deducted on an on-going basis)</i>	\$30.00 per month
		Spouse Membership Pass – One Fiscal Year <i>(One fiscal year only – September 1st thru August 31st)</i>	\$30.00 per month

Spouse Name: _____

Note: If electing employee & spouse membership, both individuals must have the same membership type (on-going or one fiscal year)

TOTAL MONTHLY DEDUCTION AMOUNT: _____

Employee Authorization for Payroll Deduction – Please read and sign.

I voluntarily authorize the monthly deduction from my after-tax wages for a Recreational Sports membership as indicated above. I understand that I may revoke this authorization at any time by providing written notice to the Recreational Sports Department. I agree to comply with the policies and procedures set forth by the Recreational Sports Department.

Employee Signature _____ *Date*

Cancellation – Please read and sign.

I hereby submit a written request to cancel the monthly deduction from my after-tax wages for a Recreational Sports membership. I understand that this cancellation will take effect on the 1st of the month after the day which the Office of Budget and Payroll receives this form.

Employee Signature _____ *Date*

Privacy Notice: State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

For Payroll Office Use Only

Date Posted Effective (Pay Date) Initials