



# STUDENT FITNESS CENTER Faculty/Staff Payroll Deduction Program Authorization Form

Please Print Clearly:  Faculty  Staff

Member Name: \_\_\_\_\_ Member #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Person and Phone Number: \_\_\_\_\_

\_\_\_\_\_ I authorize Southern Illinois University Edwardsville to deduct from twenty-four of my  
Initials \_\_\_\_\_ year paychecks twenty-four equal payments of \$10.00 each, for a total amount of \$240.00, for a year's membership to the Student Fitness Center.

\_\_\_\_\_ I understand that this membership must be kept for one year.  
Initials

**Open enrollment for this membership will be the first two weeks of the previous December of each year and the membership will be in effect from the date of sign-up until December 31<sup>st</sup> of the next year. Participants are then required to re-enroll for each year.**

\_\_\_\_\_  
SIGNATURE OF SIUE SFC MEMBER

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
PRINTED NAME OF SFC STAFF