



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

Please Print Clearly:

Faculty

Staff

(Full-time, permanent, SIUE employees only.)

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

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

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

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

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

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

\_\_\_\_\_  
Initials

I authorize Southern Illinois University Edwardsville to deduct \$10.00 from each of my remaining 20\_\_ year paychecks for a membership to the Student Fitness Center.

\_\_\_\_\_  
Initials

I understand that this membership must be kept until Dec 31 of the current year 20\_\_.

\_\_\_\_\_  
Initials

I understand that I will need to re-enroll by Dec 31 for the following year if I wish to continue my SFC membership.

\_\_\_\_\_  
Initials

I understand that if my SIUE employment ends, I no longer qualify for an SFC payroll deduction membership. (Alumni of SIUE may switch to an alumni membership, which is a higher price.)

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

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

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