

**FLORIDA STATE UNIVERSITY EMPLOYEE  
PAYROLL DEDUCTION FORM**



Payroll deduction is available for FSU football season tickets and Seminole Booster contributions. You may authorize payroll deduction for football season tickets, Seminole Booster contributions or both. Payroll deductions will be authorized for six (6) equal deductions beginning with the paycheck on April 17, 2015, and ending with the paycheck on June 26, 2015. If you do not receive an FSU paycheck during this period, you must send a personal check for the correct amount to the Ticket Office and/or Seminole Boosters.

\*The number of season tickets that are not renewed will determine the availability and location of new and/or additional season tickets for the 2015 season.

**\*\*To be eligible for 6 deductions, this form must be completed and returned to the Athletic Ticket Office BEFORE 5:00 pm on Wednesday, April 8, 2015. We cannot accept FAXed deduction forms.**

PLEASE INDICATE IF YOU WERE A PRIOR YEAR TICKET HOLDER &/OR BOOSTER MEMBER.

Account Number \_\_\_\_\_ 2014 Season Ticket Holder \_\_\_\_\_ Seminole Booster \_\_\_\_\_

Account Name \_\_\_\_\_ **HOME GAMES**

FSU Employee Omni ID # \_\_\_\_\_ 7 GAMES - TBD

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

*All orders are subject to availability. Processing of payment does not constitute final acceptance of order. In the event that demand exceeds supply, we reserve the right to establish order limits based on renewal policy and contribution levels. Refunds will be made for the portion of the order not filled.*

I wish to renew <b>SIDELINE SEASON TICKETS*</b>	_____ x <b>\$325.00</b>	\$ _____
I wish to renew <b>END ZONE SEASON TICKETS**</b>	_____ x <b>\$290.00</b>	\$ _____
I wish to place an order for <b>END ZONE SEASON TICKETS**</b>	_____ x <b>\$305.00</b>	\$ _____
	<b>Handling Charge</b>	<b>\$ <u>\$15.00</u></b>
	<b>TOTAL</b>	<b>\$ _____</b>

**\*All Booster contribution requirements apply. \*\*Minimum \$60 Booster contribution required.**

I wish to pledge \$ \_\_\_\_\_ to the Seminole Boosters for 2015

**\*Minimum contribution for payroll deduction is \$135.00**

Bi-weekly deduction for **SEASON FOOTBALL TICKETS** (divide total football by 6) \$ \_\_\_\_\_

Bi-weekly deduction for **SEMINOLE BOOSTERS** (divide pledge by 6) \$ \_\_\_\_\_

**Signature (X)** \_\_\_\_\_