



# Marshall Health Fitness Program Auto-Draft Authorization



Phone: 304-696-4REC (4732) www.marshallcampusrec.com

### PERSONAL INFORMATION (PLEASE PRINT):

MAIN MEMBER 901#

LAST NAME:

FIRST NAME:

M.I.:

STREET:

CITY:

STATE:

ZIP:

PHONE NUMBER

E-MAIL:

### CREDIT/DEBIT CARD (IF APPLICABLE):

VISA

MASTERCARD

NAME ON CARD:

CREDIT/DEBIT CARD NUMBER:

EXPIRATION DATE:

### PAYROLL DEDUCTION (IF APPLICABLE):

MARSHALL UNIVERSITY

MARSHALL HEALTH

MARSHALL UNIVERSITY RESEARCH CORPORATION

### MONTHLY DRAFT FEES:

(\$25) MAIN MEMBER

LOCKER (\$10) X \_\_\_\_

SUB-MEMBER (\$25 FOR EACH PERSON) X \_\_\_\_ (# OF SUB-MEMBERS)

SUB-MEMBER (NOT MARSHALL HEALTH) (\$28 FOR EACH PERSON) X \_\_\_\_ (# OF SUB-MEMBERS)

TOTAL AMOUNT:

AMOUNT PER PAYCHECK (IF APPLICABLE):

### TERMS AND CONDITIONS

EFFECTIVE DATE:

Your membership and/or locker is continuous and will automatically renew every year. You may cancel your membership anytime after 12-months with a 30-day notice. A cancellation fee will occur if membership is cancelled before the 12-month commitment is met. Membership/Locker rates are subject to change. Members will be notified of rate changes at least 30 days in advance. It is the member's responsibility to notify the Marshall Recreation Center immediately of any changes in bank/credit card information or payroll deduction. Marshall Recreation Center will charge a \$25 penalty if your credit/debit card is declined.

I hereby authorize the Marshall Recreation Center at Marshall University to make the following auto-draft each month/paycheck to pay for my membership (and locker if applicable). The authorization will remain in effect until the Marshall Recreation Center receives 30-day notice of my desire to cancel/freeze my membership.

*My signature signifies that I have read and understand the terms and conditions.*

Member's Signature:

Office Use Only:

Staff Name:

Date: