

Auto-Draft Authorization

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

PERSONAL INFORMATION (PLEASE PRINT):

MEMBER#: 901# (IF APPLICABLE):

LAST NAME: FIRST NAME: M.I.:

STREET:

CITY: STATE: ZIP:

PHONE NUMBER: E-MAIL:

AUTHORIZATION/CANCELLATION/FREEZE:

AUTHORIZE CANCEL CARD UPDATE

FREEZE (UP TO 3 MONTHS) From: _____ To: _____

CREDIT/DEBIT CARD INFORMATION (IF APPLICABLE):

NAME ON CARD: VISA MASTERCARD

CREDIT/DEBIT CARD NUMBER: EXPIRATION DATE:

PAYROLL DEDUCTION (IF APPLICABLE):

MARSHALL UNIVERSITY MARSHALL UNIVERSITY RESEARCH CORPORATION KING'S DAUGHTERS MEDICAL CENTER

MONTHLY DRAFT FEES:

MARSHALL EMPLOYEE (\$38) FRIENDS & AFFILIATES (\$52) LOCKER (\$10)

ASSOCIATES (\$38) ALUMNI (\$45)

RECENT ALUMNI (\$40) (Valid 12 months)

SPOUSE/DEPENDENT/ SIGNIFICANT OTHER (\$28 FOR EACH PERSON) X ____ (# of dependents)

TOTAL AMOUNT:

Name of Primary Member

AMOUNT PER PAYCHECK (IF APPLICABLE):

EFFECTIVE DATE:

TERMS AND CONDITIONS

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). I may choose to pay with a different method before the 1st of each month, otherwise the method on file will be drafted. The authorization will remain in effect until the Marshall Recreation Center receives 30-day notice of my desire to cancel/freeze my membership. If the primary member of an account does not want a membership, spouse/dependant will become primary member and pay the primary rate.

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

Updated 10/2014

Member's Signature:

Office Use Only:
Staff Name:
Date: