

AUTO-DRAFT AUTHORIZATION

Phone: 304-696-4REC (4732)
www.marshall.edu/campusrec

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 ☐ CHANGE

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

PAYROLL DEDUCTION (IF APPLICABLE):

☐ Marshall University

☐ MURC

☐ Marshall Health

(Must be enrolled in MHF program &
present eligibility paperwork when
selecting this member type)

☐ KDMC

MONTHLY DRAFT FEES:

☐ MARSHALL EMPLOYEE (\$38)

☐ FRIENDS AND AFFILIATES (\$52)

☐ LOCKER (\$10)

☐ ASSOCIATES (\$38)

☐ ALUMNI (\$45)

☐ MARSHALL HEALTH (\$25)

☐ PEIA (\$20)

☐ CHILDREN OF STUDENTS (\$12)

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

☐ HOUSEHOLD MEMBER (\$25
FOR EACH PERSON) X ____ (# of
dependents over 16)

☐ CHILDREN OF NON STUDENTS
(\$15)

☐ FAMILY 4+ (main member +\$45)

Name of Primary Member:

TOTAL AMOUNT:

AMOUNT PER PAYCHECK (IF APPLICABLE):

EFFECTIVE DATE:

TERMS AND CONDITIONS:

Applicant, please read and sign: All memberships are subject to verification for proper classification. False and inaccurate information may result in a loss of membership and future access. I will provide all documentation necessary to receive appropriate membership rates as determined by my membership class. I understand that my membership is non-refundable and non-transferable. All payroll deduction (Full-time Faculty/Staff only) or Auto Draft memberships are on a monthly basis and can only be canceled at the request of the member on or before the 20th of each month. Failure to do so will result in membership renewal for the following month. It is the member's responsibility to notify campus recreation immediately of any changes in bank/credit card information or payroll deduction. Campus Recreation will charge a \$10 penalty if your credit/debit card is declined for any reason. Cancellations must be submitted at least 30 days in advance.

I also understand that the Marshall Recreation Center will be closed for a minimum of 1 week at the end of the spring semester for annual maintenance and repair as well as select holidays, campus closures and other emergency situations and my membership will not be extended or refunded due to these closures.

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

Updated 6/2016

Member's Signature:

Office Use Only:

Staff Name:

Date: