

AUTO-DRAFT AUTHORIZATION MOUNTAIN HEALTH NETWORK

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

PERSONAL INFORMATION (PLEASE PRINT):

*HOSPITAL ID BADGE MUST BE SHOWN FOR ELIGIBILITY.

HOSPITAL ID BADGE # MEMBER # (PROVIDED BY REC)

LAST NAME: FIRST NAME: M.I.:

STREET:

CITY: STATE: ZIP:

PHONE NUMBER: E-MAIL:

AUTHORIZATION:

AUTHORIZE CHANGE CANCEL FREEZE (From 1st of month): _____ TO (End of month): _____

PAYROLL DEDUCTION (IF APPLICABLE):

ST. MARY'S HOSPITAL CABELL HUNTINGTON HOSPITAL

MONTHLY DRAFT FEES (25% discount included) *PAYROLL DEDUCTION OR MONTHLY CC DRAFT:

FRIENDS AND AFFILIATES (\$39) CHILDREN 5 & UNDER (FREE) FAMILY 4+ (main member +\$33.75)

HOUSEHOLD MEMBER 16+ (\$18.75 FOR EACH PERSON) X _____ (# of dependents over 16) CHILDREN AGES 6-15 (\$11.25)

YEAR IN FULL PAYMENT (25% discount included) *MUST BE PAID DIRECTLY TO MU REC BY 12/31/19:

FRIENDS AND AFFILIATES (\$468) CHILDREN 5 & UNDER (FREE) FAMILY 4+ (\$405)

HOUSEHOLD MEMBER 16+ (\$225 FOR EACH PERSON) X _____ (# of dependents over 16) CHILDREN AGES 6-15 (\$135)

ALL MONTHLY AUTODRAFT PAYMENTS REQUIRE A CREDIT CARD TO BE PLACED ON FILE AT THE MARSHALL REC CENTER. AUTODRAFT PAYMENTS ARE PROCESSED BY THE 10TH OF EACH MONTH. YEAR IN FULL PAYMENTS MUST BE PAID AT THE MARSHALL REC CENTER. MEMBERSHIPS ARE VALID THROUGH DECEMBER 31, 2020. ELIGIBILITY MUST BE RE-VERIFIED EACH YEAR.

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. Members will provide all documentation necessary to receive appropriate membership rates as determined by my membership class. Members understand that their membership is non-refundable and non-transferable. All payroll deduction or Auto Draft memberships are on a monthly basis and can only be cancelled at the request of the member. Cancellation forms must be submitted at least 30 days in advance. Memberships may be frozen for up to 3 months at a time no more than twice per year; freezes occur from the 1st of the month through the end of the month. 30 days notice must be provided for a membership freeze. 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. Members 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. I understand that if I terminate employment with Mountain Health Network Inc. that I am no longer eligible for the 25% discounted rate. Memberships will be renewed on an annual basis to verify employment status and eligibility. Updated 10/2019.

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

Member's Signature:

Office Use Only:

Staff Name:

Date: