



CAMPUS RECREATION

STUDENT FITNESS CENTER

Electronic Funds Transfer

Payment Option

EFT Monthly Deduction Authorization Form

Use this form for initial membership and if any account information changes.
Membership Agreement/Waiver and Par-Q must also be completed.

Check all that apply: EFT Faculty EFT Staff EFT Alumni EFT First Family EFT Retiree + Family

PRINT CLEARLY

Member Name: _____ Member #: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Day Phone: _____ Evening Phone: _____

Email Address: _____

Emergency Contact Person and Phone Number: _____

****ATTACH A VOIDED CHECK IN THIS SPACE* OR...***

attach something OFFICIAL PRINTED from the bank with:

- 1. The member's name***
- 2. The bank's name***
- 3. The bank's routing number***
- 4. The member's checking account number***
- 5. Phone images are not acceptable***
- 6. For security reasons, never email this information***

- I authorize Southern Illinois University Edwardsville to deduct from my bank checking account the proper monthly amount for membership dues to the Student Fitness Center. The monthly deduction will be \$ _____ between the 16th day and the 20th day of each month.
- ***There is a required 1-year participation minimum.***
- This is a perpetual deduction that remains in effect until written email notification to cancel is received by the Student Fitness Center. **Email Margaret Fredericksen at: marfred@siue.edu**
- This rate is subject to change annually on July 1 in correlation with any increase or change in User Fees approved by the SIUE Board of Trustees.
- If an account has insufficient funds to cover the membership dues, the membership will be suspended pending payment, and a penalty fee of \$25.00 will be applied. That unpaid monthly payment and the \$25.00 penalty fee will need to be paid in person at the Reception Desk of the Student Fitness Center before the membership will be reinstated.

MEMBER SIGNATURE _____

Date _____

SFC STAFF print name _____