

**DISEPIO INSTITUTE FOR RURAL HEALTH AND WELLNESS FITNESS CENTER
2018-2019 PAYROLL DEDUCTION AUTHORIZATION FORM**

PERSONAL INFORMATION

Please print all information

Name (Last, First, MI) _____

SFU Photo ID # _____ SSN (last 4 digits) _____

Department _____

Daytime Phone Number _____ Email address _____

Classification (Please circle one): Faculty Staff

Membership (Please circle one): Employee Couple Family

Secondary Member: (only complete if purchasing a couple or family membership and both adults are employed by Saint Francis University or any of its affiliate organizations): _____

NOTE: Individual must be currently employed as faculty/staff to be eligible for a membership

Fee:

<u>Payroll Deduction Total</u>	<u># of Pay Periods</u>	<u>Amount Deducted/Pay Period</u>
\$150 (Employee Membership)	24	\$6.25
\$220 (Couple Membership)	24	\$9.17
\$300 (Family Membership)	24	\$12.50

Membership Dates:

Membership Start Date:

Authorization of Payroll Deduction and Stipulations

Signature Required Below

I authorize Saint Francis University to initiate payroll deduction(s) for my membership dues of the DiSepio Fitness Center as indicated herein. I agree to have this deduction paid directly to the DiSepio Fitness Center through its Payroll Deduction Authorization Program.

I understand the following:

- Deductions are voluntary on my part and my membership will continue indefinitely until a membership cancellation form and stop payroll deduction form are completed.
- If I cancel my membership, payroll deduction will continue for one more pay period, as it is a pay period behind upon initiating a membership.
- Deductions affect only the price to access the DiSepio Fitness Center and exclude deductions of any other fees for services obtained at the DiSepio Institute.
- Deductions will be withheld semi-monthly regardless of how often I choose to utilize the DiSepio Fitness Center at Saint Francis University.
- Cancellation of payroll deduction may be granted for one of the following reasons:
 1. Employment from Saint Francis University is terminated. Verification will be made by Human Resources.
 2. Medical emergencies that inhibit the member from utilizing the Fitness Center. Written documentation is required by a physician.
 3. Termination of Membership.
- For payroll deduction, access to the DiSepio Fitness Center will be terminated at the time the written request for cancellation is received and granted. There are to be no prorated refunds. Cancellation of payroll deduction is subject to the DiSepio Institute for Rural Health and Wellness administrative approval.
- Application forms that are not completely filled out will not be processed.

**** Participation in activity at the DiSepio Fitness Center is on a voluntary basis. By voluntarily electing to use the DiSepio Fitness Center, I understand that I do so at my own risk. In exchange for being permitted to participate in physical activities and/or exercises within the Fitness Center, I hereby release and waive Saint Francis University, the DiSepio Institute for Rural Health and Wellness, any corporations or entities affiliated with the foregoing, and all employees, officers, agents, representatives and volunteers of the foregoing ('The Released Parties') from liability of any kind, of or to me or any other person, directly arising out of or in connection with my participation in or attendance in the DiSepio Fitness Center.

Employee Signature (required): _____

Date: _____