

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