



Payroll Deduction Authorization - Ismail Center

<u>Please print clearly</u>		
Date:	PUID:	
Name:	·	
Last	First	Middle
Campus Email: Campus Phone:		
Your Purdue University Pay Cycle: (check of	one) Academic Year	Fiscal Year Biweekly
Are you a Purdue Research Foundation en	nployee: Yes No	
Please check the appropriate		
ANNUAL Full Membership	\$403.0	0 \$50 half locker \$100 full locker
ANNUAL Fieldhouse Membershi	p with Locker \$167.0	00
ANNUAL Lambert Locker only	\$100.0	0
 ANNUAL payroll deduction form for ANNUAL January payroll deduction. ANNUAL September payroll deduction. Refund Policy - If at any time during you complete a refund authorizate to be beneficial to you and fit you your membership with the follow documentation from the membership based on the amount utilized prious. If my University compensation stores. 	or September to September in will remain in effect for 8 m ction will remain in effect for ng the first two weeks you de ion form and submit it to the recurrent lifestyle. Fees will be in exceptions, medical or do a physician is required prior to the termination of the means for any reason (leave of all prices).	rship is due on or before January 12 th . nembership is due on or before September 8 th . onths, Jan to April and Sept to Dec. 8 months beginning in September and ending in cide that this is not the place for you, we ask that Ismail Center for review. We want this program be NON-REFUNDABLE after the first two weeks of eath. In the case of a medical excuse, a written or refund approval. Members may elect to apply a d. Membership credit or refund will be adjusted embership. Disence, termination, etc), it is my responsibility to the remaining balance will be processed through
I authorize Purdue University to deduct fro Ismail Center.	om my pay each payroll period	the specified amount for membership fees to the
Signature		Date
Ismail Center Use Only		

Start date: _____ Deduction Amount: _____ Enter Date: _____ Termination Date: _____