

SURS ANNUITY DEDUCTION AUTHORIZATION**

PRINT CLEARLY

Date: _____

Name: _____
Last First Middle

E-mail: _____ SURS ID# or SSN (last 4 digits): _____

Department and Campus Phone (if applicable): _____

Home Address: _____

Home Phone: _____

Deduction Option (check one): Single Member

Member Plus One Two Three

Member(s): _____

(Spouse/partner or adult dependent deductions may be included.)

** Locker rentals are not eligible through SURS annuity deduction.

INITIAL BELOW THAT YOU AGREE AND UNDERSTAND THE FOLLOWING CONDITIONS:

_____ I authorize SURS to deduct from my annuity each pay period the amount certified as the official rate by Campus Recreation for membership. I understand that this rate is subject to change annually on August 1.

_____ I understand that my first deduction will be a full deduction.

_____ I understand that by electing SURS annuity deduction, I am agreeing to a minimum 4-month contract and should I wish to cancel my membership prior to 4 months, I will continue to be charged until the 4 months are reached.

_____ ***I understand that in order to terminate my deduction I must complete the payroll deduction cancellation form. The payroll deduction cancellation form is required to be submitted a minimum of 30 days prior to the actual cancellation date. Exceptions will be made for medical reasons or relocation 25 miles or beyond (documentation required). The payroll deduction cancellation form must be submitted to Member Services (ARC or CRCE) in person or via mail, fax, or pdf copy via email. Cancellations will not be accepted by phone.***

_____ I understand that should I miss a deduction for any reason, I am still responsible for payment due. Missed deductions may result in cancellation of membership.

_____ I understand that due to payroll deadlines, I may be subject to one additional deduction following my termination date.

_____ I understand that refunds/credits will not be issued for previous deductions.

Signature: _____ Date: _____

OFFICE USE ONLY

Deduction amount: _____ Start date: _____

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