PURDUE
UNIVERSITY

Payroll Deduction Authorization - Ismail Center

Please print clearly

Date: _____ PUID: _____

Name: _____
Last First Middle

Campus Email: _____ Campus Phone: _____

Your Purdue University Pay Cycle: (check one) Academic Year_____ Fiscal Year_____ Biweekly_____

Are you a Purdue Research Foundation employee: Yes No

Please check the appropriate box(es):

☐ ANNUAL Full Membership $375.00 ☐ $50 half locker ☐ $100 full locker

☐ ANNUAL Fieldhouse Membership with Locker $155.00

☐ ANNUAL Lambert Locker only $100.00

I understand and agree to the following terms of payroll deductions:

- This ANNUAL membership is valid for one year for faculty/staff employment only. Temporary staff and students are not eligible.
- ANNUAL payroll deduction form for January to January membership is due on or before **January 12th**.
- ANNUAL payroll deduction form for September to September membership is due on or before **September 8th**.
- If I choose to cancel payroll deduction, I must do so **in writing or email** within 20 days of payday.
- ANNUAL January payroll deduction will remain in effect for 8 months, Jan to April and Sept to Dec.
- ANNUAL September payroll deduction will remain in effect for 8 months beginning in September and ending in April.
- If my University compensation stops for any reason (leave of absence, termination, etc), it is my responsibility to notify the Ismail Center **in writing or email**.

I authorize Purdue University to deduct from my pay each payroll period the specified amount for membership fees to the Ismail Center.

Signature _____ Date _____

Ismail Center Use Only

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