Recreational Sports Payroll Deduction **Authorization Form**

In**struction:** Please complete the information below, select a payment option (Staff or Faculty), Sign, date, and return to Trvoe Brunet: tbrunet@tamusa.edu or Sidney Garza: sgarza@tamusa.edu in the Recreational Sports Department.

Payroll Deduction Information:

MOD C: Rec. Sports Department

Name:	UIN:
Department:	Work Number:
Date:	E-mail:
I authorize Texas A&M University-San Antonio to of for enrolling in the Recreational Sports Members revolving, and I also understand that I may chang providing a new authorization form to the Recrea	hip. I understand that this authorization is e or revoke this authorization at any time by
Enrol	llment
Select one below:	
Staff Membership (12 month deduction) \$28.83 per month	Faculty membership (9 month deduction) \$35.78 per month
Cane	lation
Check Below:	
Cancel the payroll deduction for my Recreaional Sports Membership.	
I understand that by canceling the payroll deduction I am revoking my access to Recreational Spot facilities and programs.	
Employees Signature	Date
Return Form To:	
Recreational Sports Department	
tbrunet@tamusa.edu or sgarza@tamusa.eud	

Privacy Notice: State Law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form(with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. To request this information, please email Payroll Services at lloyd.buter@tamusa.edu.