



Membership Electronic Fund Transfer Authorization Form

Primary Member Name: _____

Name If Different from Primary Member: _____

Member Classification:

- | | |
|--|--|
| <input type="checkbox"/> Student | <input type="checkbox"/> Faculty/Staff |
| <input type="checkbox"/> Alumni | <input type="checkbox"/> MSMS |
| <input type="checkbox"/> Sodexho | <input type="checkbox"/> Community |
| <input type="checkbox"/> MUW Retiree/Widower | <input type="checkbox"/> Partner |

Membership Type:

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Single | <input type="checkbox"/> Adult Pool |
| <input type="checkbox"/> Couple | <input type="checkbox"/> Child Pool |
| <input type="checkbox"/> Family | <input type="checkbox"/> Additional Adult |

A void check from a valid checking account and first month's payment are required at the time of joining.

Please initial before each of the following statements:

_____ I authorize Mississippi University for Women Campus Recreation to initiate, and my financial institution to honor, an automatic bank draft each month in the amount of \$ _____ for the payment of Campus Recreation membership fees. This draft will occur on the 10th day of each month, or the first business day following the 10th should it fall on a weekend or bank holiday.

_____ I understand that I am making a 12 month commitment and that my draft will continue to be drawn from my account beyond my 12 month commitment until a written cancellation notice is provided for Campus Recreation at least 5 days prior to the draft date. A \$75 fee will be assessed if membership is canceled before the end of my 12 month commitment. I also understand that no more than 1 bank draft adjustment may be made to my membership within a 12 month period without documentable medical justification.

_____ I understand that if payment is denied for any reason my membership will be suspended immediately and I will be responsible for the monthly payment plus a \$15 missed payment fee. A void check with current routing and account numbers should be received at least 5 days prior to the draft date in order to make account changes. I also understand that an effort will be made to notify me of missed payments, but that failure of notification of a denied payment does not excuse my responsibility.

_____ I understand that if payment is denied for any reason for three payments, consecutive or non-consecutive, I will no longer be eligible for payment through electronic fund transfer and my membership will be permanently suspended. I will also be responsible for any missed payments, plus a \$15 missed payment fee for each missed payment. If the 12 month commitment has not been fulfilled, the remainder owed on membership or a \$75 cancellation fee will be assessed.

My initials and signature signify that I have read, understand, and agree to the terms stated here-in.

Signature: _____ **Date:** _____

OFFICE USE ONLY		
Received by: _____	Member #: _____	
Date Received: _____	Date Entered: _____	First Draft: _____