

Payroll Deduction Authorization Form

Memberships (Please select one or more of the following)

Monthly

- | | |
|---|------|
| <input type="checkbox"/> Faculty/Staff Membership | \$50 |
| <input type="checkbox"/> I qualify for the senior discount of 50% off* | |
| <input type="checkbox"/> Spouse/Partner Membership | \$36 |
| The Faculty/Staff Membership must be purchased first. | |
| <input type="checkbox"/> I qualify for the senior discount of 50% off* | |
| <input type="checkbox"/> Dependent Membership | \$36 |
| The Faculty/Staff Membership or Spouse/Partner-Only Membership must be purchased first. | |
| For children 5 through 17. Children under 5 are admitted free. | |

*50% senior membership discount applies to those aged 65 and above

Member Information (Please clearly print and fill out completely)

Last Name _____ First _____ MI _____ Employee ID** _____ DOB*** _____
Personal Phone _____ Work Phone _____
Department _____

If signing up for a spouse/partner membership:

Spouse/Partner Name _____ MI _____ DOB*** _____

**Employee ID is the 6-digit number on your CU pay advice

***Required to verify senior discount qualification only

By signing below, I confirm that I am a Boulder campus employee paid monthly, and I authorize CU Recreation Services to deduct the membership charges as indicated above from my paycheck. Recreation Services will bill me for any past due balances.

I understand that my membership deductions will continue until I request to cancel them by emailing RecGuestServices@Colorado.edu.

Email _____ Signature _____ Date: _____