



Payroll Deduction Form REC Card Fees and Locker Rental

Campus Recreation
Box #5155
Phone: 601.266.5405 Fax: 601.266.5677

Deduction: Start _____ Stop _____ Change _____
*if stopping, fill out back page

Name _____

Empl ID# _____ Box # _____ Phone _____

Campus Phone _____

Signature _____ Date _____

*Payroll Deduction memberships will reoccur until the member completes a new Payroll Deduction form.
 *Submit the stop payroll deduction form by the first of the month for deductions to end the following billing cycle.

Please check all deductions that now apply

	A Monthly Deductions Amount	B Number of Individuals	(A times B) Total Monthly Deductions
Primary User	\$20.00 <input type="checkbox"/>	_____	_____
Spouse or Significant Other	\$16.00 <input type="checkbox"/>	_____	_____
Young Adult	\$ 9.00 <input type="checkbox"/>	_____	_____
Parent/Sibling/Independent Adult	\$20.00 <input type="checkbox"/>	_____	_____
Locker*	\$ 3.00 <input type="checkbox"/>	_____	_____

*Locker setup fee (\$10.00) may not be payroll deducted and must be paid for at the Payne Center sales office by cash, check or credit card.

Grand total \$ _____
per month

CAMPUS REC
 STAFF INITIALS _____



SOUTHERN MISS

CAMPUS RECREATION

118 College Drive #5155 Hattiesburg, MS 39406
601.266.5405 • Fax: 601.266.5677 • www.usm.edu/rec-sports

Stop Payroll Deduction Survey

1. What caused you to initially consider not renewing your membership?

- Unable to actively participate
- Relocation
- Enrollment in other fitness facility
- Time constraints
- Finance
- Lack of programs offered (please specify) _____
- Other (please specify) _____

2. What would make you more likely to continue your membership?

- Offer a specific program (please specify) _____
- Offer child care for children
- Expand the facility hours of operation
- Offer additional Group Exercise classes (please specify) _____
- There is nothing that would allow me to continue my membership at this time
- Other _____

3. If we were to offer the item selected in question 2, would you consider rejoining/ continuing your membership with us? _____ Yes _____ No

If no is selected, please tell us why: _____

4. On a rating scale of 1-5 (1 being poor and 5 being excellent), how would you rate the Payne Center customer service? 1 2 3 4 5

5. On a rating scale of 1-5 (1 being poor and 5 being excellent), how would you rate the Payne Center facility overall? 1 2 3 4 5

6. Is there anything else you would like to share with us that may help improve the facility or your experience here? _____

Stop Payroll Deduction Form

Name _____ Employee ID _____

Campus Box # _____ Campus Phone # (_____) _____

Signature _____ Date _____

CAMPUS REC STAFF USE ONLY

Date that deductions end _____

Campus Rec Staff signature _____ Date _____