DEDUCTION AUTHORIZATION FORM
STUDENT RECREATION CENTER MEMBERSHIP

PLEASE PRINT LEGIBLY
LAST NAME: ___________________________ FIRST NAME: ___________________________

DEPARTMENT NAME/MAIL CODE: __________________ CAMPUS EXTENSION: ________________
E-MAIL ADDRESS: ________________________ RUNNER CARD I.D. #: ____________________

PLEASE CHECK APPROPRIATE RESPONSE

EMPLOYMENT STATUS:   ○ STATE   ○ FOUNDATION

REQUEST(S):
○ ADD SELF ($40 PER MONTH) NAME: __________________________
○ ADD SPONSORED MEMBER ($40 PER MONTH) NAME: __________________________
○ DELETE SELF NAME: ___________________________ REASON: __________________________
○ DELETE SPONSORED MEMBER NAME: ___________________________ REASON: __________________________

NOTE: MONTHLY DEDUCTIONS ARE FOR THE PREVIOUS MONTH’S USAGE. ACCESS TO THE SRC BEGINS IMMEDIATELY. HOWEVER, DEDUCTION ACTION (ADDING OR DELETING) MAY NOT APPEAR UNTIL THE PAPERWORK HAS BEEN PROCESSED.

I HEREBY AUTHORIZE THE STATE CONTROLLER OR CSUB FOUNDATION TO DEDUCT ○ $40 OR ○ $80 (PLEASE CHECK ONE) EACH MONTH FROM MY SALARY AND TRANSMIT AS DESIGNATED AN AMOUNT FOR MEMBERSHIP AND ANY BENEFIT PROGRAM FOR WHICH I HAVE APPLIED WHICH IS SPONSORED BY THE ABOVE EMPLOYEE, ORGANIZATION, AGENCY, OR CREDIT UNION.

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL CANCELED BY ME OR BY CALIFORNIA STATE UNIVERSITY, BAKERSFIELD; AT WHICH TIME I WILL NEED TO RENEW THE DEDUCTION AUTHORIZATION FORM.

I CERTIFY THAT I AM AN EMPLOYEE OF CALIFORNIA STATE UNIVERSITY, BAKERSFIELD OR THE CSUB FOUNDATION AND I UNDERSTAND THAT TERMINATION OF EMPLOYMENT WILL CANCEL ALL DEDUCTIONS MADE UNDER THIS AUTHORIZATION.

SIGNED: ___________________________ DATE: ___________________