



Payroll Deduction Form

REC Card Fees and Locker Rental

EOE/F/M/VETS/DISABILITY

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"/>	_____	_____
Secondary User	\$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"/>	_____	_____
F45 Membership	\$40.00 <input type="checkbox"/>	_____	_____
F45 (first 3 months)**	\$100.00 <input type="checkbox"/>	_____	_____

** one-time fee

Grand total \$ _____
per month

*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.

CAMPUS REC
STAFF INITIALS _____



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

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 _____