<table>
<thead>
<tr>
<th>Deduction</th>
<th>Monthly Deductions Amount</th>
<th>Number of Individuals</th>
<th>(A times B) Total Monthly Deductions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary User</td>
<td>$20.00</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Spouse or Significant Other</td>
<td>$16.00</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Young Adult</td>
<td>$ 9.00</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Parent/Sibling/Independent Adult</td>
<td>$20.00</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>Locker*</td>
<td>$ 3.00</td>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>

*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

Please check all deductions that now apply.

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.
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________________________