



Faculty/Staff Payroll Deduction Authorization Form for the Katke Golf Membership

Employee Full Name _____ Staff ID _____ Campus Ext. _____
(Please Print)

Membership Dues Total: \$_____. ____ Membership Expiration Date: ____/____/____

Membership Dues must be paid in full before ____/____/____

I authorize the Ferris State University Payroll Department to deduct \$_____ approximately each pay period, for a total of \$_____ and ____ total pay periods beginning with the next applicable pay date. **Account holder please initial** _____.

I understand that the full membership dues must be paid on or before ____/____/____, one month prior to my membership expiration date, so I authorize the Payroll department holds the right to change the approximate amount of deduction by no more than \$10.00 to adequately pay off the commitment if needed. **Account holder please initial** _____.

By signing this form I understand that I am responsible for repayment of this amount. I also understand that my golf membership is non-refundable.

Account Holder Signature

Date

Please email this form along with the membership application form to katkegolfcourse@ferris.edu.