

1501 University Boulevard Birmingham, Alabama 35294-1151 Tel 205-934-8224 | Fax 205-996-4866 www.uab.edu/urec

CREDIT/DEBIT CARD AUTHORIZATION

Preferred Name (Please print, as appears on credit/del	bit card):			
First Billing Address (If different than mailing address):	MI			
Street	City	State		Zip
Membership Type UAB Employee Platinum Member Colleague* Recent Alumni Alumni Household Member Minor Retiree Non-prime		Quantity	Amount	
*SRI, Sodexho, Children's Hospital, VA, Horizons, Cooper Gre First Transit, Pyramid Hotel Group The cardholder of the credit/debit card used for mor at time of joining, these fees will be automatically drafting	Mei		ember of the URed	
month of membership. If your card is declined, the bedeactivated and the URec will request another card be by member or the Office of University Recreation. Term an outstanding balance. Please alert the Member Service	palance reversed used for payment ination of member	back to your accoun t and drafting. Your m rship does not release	t. Your membersh onthly deduction(s) the employee fron	ip will be temporarily will recur until ended
Cancellation Clause: The undersigned further express be refunded if cancellation form is not received. If termina will occur. Exceptions to early termination clause include Recreation Center (documentation required). *Primary and Household Member Fees [12-month *Minor Fees [12-month contract early termination fees *Non-prime membership types [No termination fees *Non-prime membership types No termination fees *Non-prime membership types *Non-prime membership type	ating a membersh e: loss of job, dea h contract early ten ee (\$35)]	nip prior to term end, fe ath, sudden illness, mo mination fee (\$75)]	es will apply* and n oving 50 miles or m	o proration of contract ore from the Campus
Signature:		Date	: :	