

ELECTRONIC FUNDS TRANSFER (EFT) FORM

EFT Form must be completed and submitted for any enrollment, changes, holds or cancellations by the 24th of the month.

MEMBER	
NAME	RC#

ENROLL (Voided check required to be attached!)

To enroll in EFT, the following is required:

1. Texas Medical Center Institution ID or proof of alumni status.
2. Completed Membership Application for first time members.
3. Payment by cash/check for the first month upfront. (Membership prorated beginning the 15th of each month.)
4. Check required for enrollment. (Bank statements and handwritten account numbers not accepted.)
5. Complete and sign this EFT Form.

* I hereby authorize UTHealth to collect payment for monthly dues by drafting my checking account. If this is a Family Add—On Membership, as the Primary Member, I authorize UTHealth to collect payment for monthly dues for this membership by drafting my checking account as indicated on my Primary Membership contract. UTHealth will add a returned payment fee for each payment a financial institution returns to UTHealth. If necessary, UTHealth may initiate credit entries to adjust for any entries made in error. This authorization will remain in effect until cancelled in writing.

CHANGE (Voided check required to be attached!)

I understand that a new EFT Form will be needed if I close my account or change financial institutions.
If changing/closing bank accounts, a new check is required by the 24th of the month or a \$25 NSF fee will be applied.

HOLD

The deadline to make revisions or cancel is the 24th of the month prior.
Account will be charged automatically following the requested hold period without notice.
Memberships can be placed on hold for up to 3 months. After 3 months, memberships will be cancelled and may be re-enrolled.

NAME(S) OF MEMBERSHIP(S) TO BE HELD	RC#
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CANCEL

The deadline to make revisions or cancel is the 24th of the month prior. If after the 24th, account will be charged for one more month.

NAME(S) OF MEMBERSHIP(S) TO BE CANCELLED	RC#
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_____ ENROLL (Payment by check or cash is required to be completed in—person.)

_____ CHANGE

_____ HOLD

_____ CANCEL

EFFECTIVE THE 1ST DAY OF WHICH MONTH? OR CHECK ALL MONTHS FOR MEMBERSHIP TO BE HELD.

___ JAN ___ FEB ___ MAR ___ APR ___ MAY ___ JUN ___ JUL ___ AUG ___ SEP ___ OCT ___ NOV ___ DEC

MEMBER'S SIGNATURE	DATE
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SUBMIT COMPLETED EFT FORM BY:

1. In—person at the Recreation Center:
Weekdays from 5:30AM—10:00PM
Saturdays from 8:00AM—8:00P
Sundays from 10:00AM—8:00PM
2. E—mail to REC@uth.tmc.edu for CHANGES, HOLDS or CANCELS only.

