

FSFP Payroll Deduction

The Ohio State University Faculty and Staff Fitness Program (OSU FSFP)

A042 PAES Building
305 Annie and John Glenn Ave
Columbus, OH 43210
Phone: 614-247-0287

Participant Name _____ OSU ID# _____

Street Address _____

City, State, Zip _____ Phone (____) _____

Email Address _____

_____ One-Year Fitness Membership (\$200) - Monthly

12 Monthly payments of \$16.67 will be automatically deducted from my Ohio State University paycheck
(effective 2/1/2018: 12 month commitment required. No refunds will be given for early cancellations)

Effective immediately, I hereby authorize The Ohio State University to deduct the membership fees indicated above from my Ohio State University paycheck on an after-tax basis. I understand and agree that, if a deduction is missed for any reason, I am still financially responsible for the membership fees. **I understand I am agreeing to a 12 month commitment, which may not be terminated early. If I choose to end my membership early, I am still responsible for the remaining amount owed.** I have received a copy of the OSU FSFP policies and procedures regarding my use of the facility and agree to the terms outlined in those policies and procedures.

Signed _____ Date _____

Office Use Only

Member ID# _____	Payroll Deduction _____ to _____
Payment date: _____	Service dates _____ to _____
Prepared by: _____	KI _____

12/10/2024