

# EFT Authorization Form

EFT Authorization Form must be submitted for enrollment, changes, medical freeze or cancellations by the 24th of the month.

**Exception: In November/December, EFT Authorization Form must be completed and submitted by the 15th of the month.**

## MEMBER NAME

	RC#
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## PRIMARY LOCATION

<input type="checkbox"/> Recreation Center	<input type="checkbox"/> McGovern Medical School Fitness Center (UTHealth faculty, staff and residents only.)
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## ENROLL

To enroll in EFT, the following is required:

1. Voided check, direct deposit form or other official bank letter with account and routing numbers required to enroll.
  2. Payment by Visa, Mastercard or Discover for the first month upfront. Only accepted in-person at the Recreation Center.
- \* 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 signed EFT Authorization Form stating cancelation is received.**

## MEDICAL FREEZE (DOCUMENTATION REQUIRED)

Medical Freeze Requests may be granted for only the following reason with documentation of medical leave:

**Upon a doctor's order, you cannot participate in physical activity for up to 30 days.**

- Memberships can be placed on hold for up to 1 month, from the 1st of the month to the last day of that month.
- Memberships may be held up to 2 times in a single calendar year from January—December.
- Deadline for a medical freeze is the 24th of the month prior. (Exception: Deadline in November/December is the 15th.)
- Account will be reactivated automatically following the requested medical freeze period without notice.
- If needing longer than 1 month, memberships can be cancelled and may be re-enrolled at a later date.

## CHANGE

I understand that a new EFT Authorization Form will be needed if I close my account or change financial institutions.

If changing bank accounts, a new voided check is required by the 24th. (Exception: Deadline in November/December is the 15th.)

## CANCEL

The deadline to cancel is the 24th of the month prior. (Exception: Deadline in November/December is the 15th.)

If you leave your eligible institution, it is your responsibility to cancel your EFT membership.

**If cancelations are received after the deadline, the account will be charged for the next month.**

## ACTION TO BE TAKEN

☐ INITIAL ENROLLMENT ☐ MEDICAL FREEZE ☐ CHANGE OF BANKING INFORMATION ☐ CANCEL MEMBERSHIP

## EFFECTIVE THE 1ST DAY OF WHICH MONTH?

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

MEMBER'S SIGNATURE

DATE

The UTHealth Houston—Recreation Center Management reserves the right to deny the EFT option and/or additional fees may apply.

## Submit completed EFT Authorization Form by:

1. In person at the Recreation Center for initial enrollment.
  2. Email to [REC@uth.tmc.edu](mailto:REC@uth.tmc.edu) for medical freezes, changes or cancellations.
- Without documentation, all Medical Freeze Request Forms will be automatically denied.

 **UTHealth Houston**  
Recreation Center