

2009-2010 Faculty / Staff Payroll Deduction Form—Athletics

NAME: _____

UIN: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____



Islander Basketball

Please complete the following if you wish to payroll deduct your Men's or Women's Basketball Season Tickets:

_____ # of Men's Basketball Season tickets (at the F/S rate of \$120.00 ea.) = _____

_____ Deduct _____ per month for 9 months / _____ Deduct _____ per month for 12 months

_____ Men's Basketball Family Plan (4 tickets per game) @ \$240.00

_____ Deduct \$26.67 per month for 9 months / _____ Deduct \$20.00 per month for 12 months

_____ # of Women's Basketball Season tickets (at the F/S rate of \$70.00 ea.) = _____

_____ Deduct _____ per month for 9 months / _____ Deduct _____ per month for 12 months

_____ Women's Basketball Family Plan (4 tickets per game) @ \$225.00

_____ Deduct \$25.00 per month for 9 months / _____ Deduct \$18.75 per month for 12 months



Islander Flex Plan

Receive a punch card that allows you 40 entrances into Islander Volleyball matches, or Baseball & Softball games. Use one ticket for 40 events, bring a group of 40 to one event, or any combination in between.

Islander Flex Plan for Volleyball, Baseball & Softball: \$125.00 ea.

I would like to buy _____ flex plans

Please deduce _____ \$13.89 per month (each) for 9 months or _____ \$10.42 per month (each) for 12 months

AUTHORIZATION

I _____ authorize Texas A&M—Corpus Christi to collect payment for my Islander Athletic tickets.
(print name)

I understand my first payment will be deducted from my October 1, 2009 payroll check.

I agree to pay over the terms and in the event necessary to have the remaining balance deducted from my final paycheck.

Signature

Date

For Office Use Only:

Rcvd. _____ Date: _____

Rcvd. _____ Date: _____

**FOR MORE INFORMATION, CONTACT THE
ATHLETIC TICKET OFFICE AT 361-825-BALL (2255)
OR VISIT WWW.GOISLANDERS.COM**

