

2021 VANDERBILT PAYROLL DEDCUTION FORM

Account Number:	Date:
-----------------	-------

Submitted By:

Name:	Address:
Employee ID Number: (Circle One): University or Medical Center Employee	E-mail Address:
Cell Phone Number:	<u>Internal Use (Only):</u> Initials: Date:

- Please note that full-time employees are only eligible to purchase two (2) season tickets at the discounted rate.
- After submitting form to the Ticket Office, employee eligibility is pending review & approval from Vanderbilt University HR and Vanderbilt University Medical Center HR.
- Any additional seats may be payroll deducted but will be at full price.
- **ONLY** season tickets may be payroll deducted.
- Seat cushions, tickets to away games, and additional home game tickets **MAY NOT** be deducted.
- Deductions will be withdrawn over a 3-month interval. **All ticket balances paid via payroll must be completed by the start of the season.**

I authorize the Vanderbilt University Athletic Ticket Office to deduct \$_____, the total owing for my Faculty/Staff (SPORT)_____ Season Tickets, from my payroll. I understand that my right to cancel this payroll deduction must be initiated through the Vanderbilt University Athletics Ticket Office. I also understand that if my employment ends at Vanderbilt University or I cancel this deduction all amounts still owing on my season ticket purchase will come due immediately.

X_____

Employee Signature

X_____

Date