



2021 FAMU FOOTBALL SEASON TICKETS PAYROLL DEDUCTION FORM

NON-FAMU EMPLOYEES

Non-FAMU employees who wish to purchase their FAMU Football Season Ticket Packages through the payroll deduction plan should complete the information below.

Please note: ONLY the packages listed below are eligible for the payroll deduction plan.

DATE: _____ EMPLOYEE ID NO: _____

NAME: _____ DEPARTMENT: _____

ADDRESS: _____ E-MAIL: _____

CITY,STATE,ZIP: _____ WORK PHONE: _____

ALTERNATE PHONE: _____ TYPE: CELL HOME BUSINESS

2021 FAMU FOOTBALL SEASON TICKETS	PRICE	QTY.	TOTAL
** 1 WESTSIDERESERVED (BOX) SEAT SECTION (C, D, E, F & G)	\$250		
** 1 WESTSIDE RESERVED (NON-BOX) SEAT SECTION (D, E & F)	\$220		
** 1 WESTSIDERESERVED (NON-BOX) SEAT SECTION (A, B, C, G & H)	\$200		
** 1 EASTSIDE RESERVED (BOX) SEAT SECTION (N & O)	\$240		
** 1 EASTSIDE RESERVED (BOX) SEAT SECTION (M)	\$220		
** 1 EASTSIDE RESERVED (NON-BOX) SEAT SECTION (N & O)	\$200		
2021 INVESTING IN CHAMPIONS	PRICE	QTY.	TOTAL
*** PLATINUM	\$7,800		
*** GOLD	\$5,500		
*** SILVER	\$2,800		
*** CHAMPION	\$1,650		
*** GREEN	\$900		
ADDITIONAL RV PARKING (BASED UPON AVAILABILITY)	\$750		
ADDITIONAL VEHICLE PARKING (BASED UPON AVAILABILITY)	\$250		
			\$ _____

**PARKING NOW INCLUDED WITH PURCHASE OF SEASON TICKET

PARKING FOR RATTLER ATHLETIC FUND/INVESTING IN CHAMPIONS MEMBERS LOCATED IN BRAGG
PARKING FOR NON-RATTLER ATHLETIC FUND/INVESTING IN CHAMPIONS AND RAF/IIC OVERFLOW LOCATED IN PARKING GARAGE

**CAP ON PARKING PASS IS ONE PER ACCOUNT. YOUR PARKING WILL BE ASSIGNED AT A LATER DATE. ADDITIONAL WILL COST EXTRA.

***PACKAGE INCLUDES DONATION, PARKING IN BRAGG, AND OTHER BENEFITS LISTED ON FAMUATHLETICS.COM

FINAL PAYMENT DEDUCTION MUST BE RECEIVED FOR TICKETS TO BE ISSUED!
PAYROLL DEDUCTION CODE: #574

____ THROUGH THE PAYROLL DEDUCTION PLAN, I AUTHORIZE _____ () EQUAL DEDUCTIONS OF \$ _____ PER MONTHLY PAY PERIOD WITH ALL PAYMENTS BEING RECEIVED BY JULY 30, 2021. SIGNATURE: _____ DATE: _____

BY SIGNING, I AUTHORIZE FAMU ATHLETICS VIA FAMU PAYROLL SERVICE TO DEDUCT THE TOTAL ABOVE FROM MY PAYCHECK(S).

X _____ DATE _____

Return FULLY completed original form to your HR Representative