

**FLORIDA STATE UNIVERSITY EMPLOYEE
STOP PAYROLL DEDUCTION FORM**



I wish to stop/cancel my payroll deductions for my football season tickets, Seminole Booster contributions or both. I understand that if I wish to keep my season football tickets, it is up to me to have the balance paid off prior to June 23, 2017 or my tickets will not be sent to me.

I further understand that if I choose to stop or cancel my Seminole Booster contribution that I may no longer be eligible to hold tickets in the area that my season football tickets have been assigned and that they may be moved to make me compliant with Seminole Booster Priority Policy.

PLEASE INDICATE IF YOU WERE A PRIOR YEAR TICKET HOLDER &/OR BOOSTER MEMBER.

Account Number _____ 2016 Season Ticket Holder _____ Seminole Booster _____

Account Name _____

FSU Employee Omni ID # _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Office Phone _____ Home Phone _____

HOME GAMES

All orders are subject to availability. Processing of payment does not constitute final acceptance of order. In the event that demand exceeds supply, we reserve the right to establish order limits based on renewal policy and contribution levels. Refunds will be made for the portion of the order not filled.

I wish to stop payroll deductions on my **SEASON FOOTBALL TICKETS** _____

I wish to stop payroll deductions on my **SEMINOLE BOOSTERS** _____

Signature (X) _____

Date Signed _____