

NDSU Wellness Center

Faculty/Staff Payroll Deduction Membership Payment Initiation Form

First Name: _____ Last Name: _____

EMPL ID # _____ Phone: _____

University Department: _____

CRITERIA for PAYROLL DEDUCTION

To be eligible for a payroll deduction membership, you must be a **BENEFITED** NDSU employee, receiving health/life insurance and retirement benefits. If you are unsure, please contact HR before submitting this form.

- 12-month employee (must be benefited)
- Less than 12-month employee. I understand that my membership will be suspended during the month(s) that I do not receive a regular paycheck. Membership automatically renews each year with my contract dates until I cancel.
Employment contract start date: _____ End date: _____

PAYROLL DEDUCTION AUTHORIZATION

I authorize NDSU to deduct \$20 from my paycheck (\$40/month) in exchange for membership at the Wellness Center.

- My membership starts the 1st (must be received by the 2nd of the starting month) and my first deduction will be on the 15th of _____, 20____. Initials: _____
- My membership starts the 16th (must be received by the 17th of the starting month) and my first deduction will be on the 30th/31st of _____, 20____. Initials: _____

If I would like access to the facility prior to the membership start date, I have the following options:

- Purchase early access membership valid registration through the start date of membership.
- Purchase a guest pass each visit for \$6.
- Wait until the date indicated above to gain access.

Agree to the statements below

- I understand that payroll deduction memberships are based on a three-month minimum and cancellations cannot occur prior to three months. Cancellations received before three months will be cancelled once three months have passed.
- I understand that this membership will authorize the deduction of \$20 from each semi-monthly paycheck until I submit a cancellation request form to authorize NDSU to stop payment.
- I understand that cancellations must be received by the 5th of the month to cancel by the 15th or by the 20th to cancel by the 30th/31st.

Submit this form by emailing it to nds.wc.memcomm@nds.edu or at the Wellness Center Customer Service Desk.

Signature: _____ Date: _____

Office Use Only

Received by (Staff Initials): _____ Date: _____

NDSU Wellness Center

Faculty/Staff Payroll Deduction Membership Cancellation Request Form

First Name: _____ Last Name: _____

EMPL ID # _____ Phone: _____

University Department: _____

PAYROLL DEDUCTION CANCELLATION AUTHORIZATION

This form must be submitted by the 5th of the month to cancel on the mid-month pay period (15th), or by the 20th of the month to cancel on the month-end pay period (30th/31st).

Submission Instructions

- Email completed form to ndsu.wc.membcomm@ndsu.edu
- Drop form off at the Customer Service Desk
- Campus mail to Wellness Center 170H

Agree to the statements below

- I understand that all staff and faculty payroll deduction memberships are contracted a minimum of three (3) full months after first deduction.
- I understand that the early submission of this form will not result in the cancellation of my membership immediately. Membership will be terminated on the next available pay period for contracts that have passed three (3) full months.
- I hereby request cancellation of the NDSU Wellness Center payroll deduction, which is being deducted from my monthly earnings.

Deduction Code: 245

Signature: _____ Date: _____

Office Use Only

Received by (Staff Initials): _____ Date: _____

Last Deduction Date: _____ Date Sent to Payroll: _____