

# NDSU Wellness Center

## Faculty/Staff Payroll Deduction Membership Payment Initiation Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

EMPL ID # \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_

Campus Address: \_\_\_\_\_

### 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 I must pay the NDSU Wellness Center directly to maintain my membership in the month(s) that I do not receive a regular paycheck.  
Employment contract start date: \_\_\_\_\_ End date: \_\_\_\_\_

### AUTHORIZATION of PAYROLL DEDUCTION

I authorize North Dakota State University to withhold \$20 from each of my semi-monthly paychecks (\$40 per month) in exchange for membership to the NDSU Wellness Center.

My membership starts the  1<sup>st</sup> or  16<sup>th</sup> of \_\_\_\_\_, 20\_\_\_\_ Initials: \_\_\_\_\_

My first deduction will be on the  15<sup>th</sup> or  30<sup>th</sup>/31<sup>st</sup> of \_\_\_\_\_, 20\_\_\_\_ Initials: \_\_\_\_\_

If I would like access to the facility prior to the date indicated above, I have the following options:

- Purchase unlimited temporary access valid starting the day of registration through the start date of payroll deduction membership for \$20.
- Purchase a day pass every visit for \$6.
- Wait until the date indicated above to gain access.

I understand my options to gain access prior to my membership start date: \_\_\_\_\_

#### 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 on the first possible pay period.
- Cancellations must be received by the 5<sup>th</sup> or 20<sup>th</sup> of the month to cancel by the 15<sup>th</sup> or 30<sup>th</sup>/31<sup>st</sup>, respectively.
- I understand that this membership will authorize the deduction of \$20 from each semi-monthly paycheck until I authorize NDSU to stop payment.

2/13/2017

Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by (Staff Initials): \_\_\_\_\_ Date: \_\_\_\_\_