

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 your membership at the end of the mid-month pay period (15th), with the last deduction on the 15th of that month or by the 20th of the month to cancel your membership at the end of month-end pay period (30th/31st) with the last deduction taken on the 30th/31st of the month.

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: _____