

NDSU Wellness Center
Faculty/Staff Payroll Deduction Membership
Payment Initiation Form

First Name: _____ Last Name: _____

EMPL ID # _____ Phone: _____

University Department: _____

- Employment status ☐ 12-month employee
- ☐ 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. Contract start date: _____ End date: _____ Initials: _____

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 Human Resources before submitting this form.

A deduction taken from your paycheck on the 15th of the month pays for your membership from the 1st to the 15th of that same month. A deduction taken from your paycheck on the 30th/31st pays for your membership from the 15th to the 30th/31st of that same month.

For new University employees, eligibility to use payroll deduction begins when you receive your first paycheck.

Employment start date: _____ First payday (date deduction may begin): _____

I would like access to the facility prior to the membership start date, and choose the following option:

- ☐ Purchase an early access membership through the start date of membership.
- ☐ Purchase a guest pass for each visit for \$10.
- ☐ Wait until the date indicated below to gain access.

PAYROLL DEDUCTION AUTHORIZATION

I authorize NDSU to deduct \$22.50 from my paycheck (\$45/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: _____

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 canceled once three months have passed.
- I understand that this membership will authorize the deduction of \$22.50 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 ndsu.wc.memcomm@ndsu.edu or at the Wellness Center Customer Service Desk.

Signature: _____ Date: _____

Office Use Only

Received by (Staff Initials): _____ Date: _____