



Recreational Services

Membership Payroll Deduction Authorization

Fall

Return the Completed Form to the Recreational Services Office

Employee's Name: _____ Banner ID #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Campus Department: _____ Campus Phone Extension: _____

Home/Cell Phone: _____ E-Mail Address: _____

Please enroll me in the payroll deduction program (check one):

<p style="text-align: center;">Faculty/Staff</p> <p><input type="checkbox"/> One time deduction of \$150</p> <p><input type="checkbox"/> \$25 Per Check for 6 Pay Periods (\$150.00 Total)</p>	<p style="text-align: center;">Faculty/Staff & 1 Family Member</p> <p><input type="checkbox"/> One time deduction of \$250</p> <p><input type="checkbox"/> \$50 Per Check for 5 Pay Periods (\$250.00 Total)</p>
<p style="text-align: center;">Faculty/Staff & 2 Family Members</p> <p><input type="checkbox"/> One time deduction of \$350</p> <p><input type="checkbox"/> \$50 Per Check for 7 Pay Periods (\$350.00 Total)</p>	<p style="text-align: center;">Faculty/Staff & 3 Family Members</p> <p><input type="checkbox"/> One time deduction of \$450</p> <p><input type="checkbox"/> \$50 Per Check for 9 Pay Periods (\$450.00 Total)</p>
<p style="text-align: center;">Locker Fee Rental Small Locker Only</p> <p style="text-align: center;">_____ \$ 15.00 per semester _____ \$ 30.00 yearly (Fall/Spring)</p>	

**Contact the Rec Center for information if you have more than 3 Family members

I hereby authorize William Paterson University to make the above deductions from my paycheck(s).

Employee's Signature

Date

Payroll and Employee Benefits Use Only

Payroll Deductions Started PP _____ by _____ € Verified