

**West Virginia University Research Corporation
WVU Student Recreation Center
Affiliate Membership – Payroll Deduction Authorization**

I hereby authorize my employer, West Virginia University Research Corporation (WVURC), to deduct from my earnings, the amount indicated below, to be transmitted to the WVU Student Recreation Center (Rec Center) and applied to my annual membership fee. **This payroll deduction authorization is perpetual and will continue as indicated below until altered through completion of proper paperwork through the Rec Center.** Alterations may include addition or deletion of individuals to this membership or cancellation of the membership. I understand that this membership deduction will be made from my pay check each pay cycle on a continuing basis following receipt of authorization by the Rec Center. I further understand that I may revoke this authorization at any time by completing a cancellation form with the WVU Student Recreation Center. The payroll deduction revocation will become effective the pay period following receipt of the cancellation form. Any privilege associated with this membership payment will then be terminated.

Prices	Cost	#	Totals
A: Individual: WVU Employee	\$310		\$
A: Individual: Second WVU Employee (Spouse)	\$250		\$
B: Individual: Spouse of Participating Employee	\$250		\$
B: Individual: Spouse of Nonparticipating Employee	\$310		\$
B: Family: Dependents	\$125		\$
C: Locker Rental (\$94.34 + tax)	\$100	X	\$
		TOTAL	\$

Employee Information	
The undersigned authorizes the payroll deduction as indicated above:	
Employer:	West Virginia University Research Corporation (WVURC)
Print Name:	WVU ID#:
Signature:	Date: / /

Student Recreation Staff Use Only		
<i>Reviewed and Approved by Student Recreation Center Management</i>		
<input type="radio"/> Sub Total: \$	A: Memberships/Staff-Faculty	11.612010001.11304287.4308220.999.99999999
<input type="radio"/> Sub Total: \$	B: Memberships/Spouse-Family	11.612010001.11304287.4308221.999.99999999
<input type="radio"/> Sub Total: \$	C: Locker Rental	11.612010001.11304287.4308224.999.99999999
Manager Name:		Date: / /

SABO HR Use Only			
Date Stamp:	MAP Pay Year Type ____ mo. × 2 = ____ # of pay periods for deduction		
	Total \$ ____ ÷ ____ Pay Periods = \$ ____ Deduction per pay		
	1 st Pay Cycle Effected:	Staff Initial:	Date: / /
	<input type="radio"/> Spreadsheet Updated	Staff Initial:	Date: / /
	<input type="radio"/> Sent to Central Payroll	Staff Initial:	Date: / /
	<input type="radio"/> Copy in Deduction File	Staff Initial:	Date: / /
Supervisor Signature:			Date: / /

Amount: \$ _____ / semi-monthly payment to begin _____, continuing until altered/canceled.
 Increase/Decrease to: \$ _____ / semi-monthly payment as of _____, continuing until altered/canceled.
 Increase/Decrease to: \$ _____ / semi-monthly payment as of _____, continuing until altered/canceled.
 Cancel membership and payroll deduction as of _____.

To effect payment, all initial WVURC membership payroll deduction authorization and change forms must be faxed to:
 Colleen Lankford, WVURC Human Resources Office, 304-293-7498