

## FACULTY AND PERMANENT FULL-TIME STAFF

## Campus Recreation & Wellness Payroll Deduction Form

Name:		]	Banner ID:		
Email Address:  Department:			Work Phone:		
			Start Date:	End Date:	
<del></del>		me Permanent Staff Only) P Il deduction for my Campus Wellno	<u>Payroll Deduction For</u>		
Plan Code	10	Annual Membership	\$144	1 Deduction of \$144	
	20	2 Pay Annual Membership	\$144	2 Deductions of \$72	
	30	<b>Monthly Membership</b>	\$144	12 Deductions of \$12	
	40	One Time Pay (Promotions Only	\$99	1 Deduction of \$99	
	50	Charter - Annual Membership	\$120	1 Deduction of \$120	
	60	Charter - 2 Pay Annual Members	ship \$120	2 Deductions of \$60	
	70	<b>Charter - Monthly Membership</b>	\$120	12 Deductions of \$10	
ontinue unti Vellness will fter the 15th	l I con notify of the	the Campus Wellness Membership is tact Campus Recreation and Welln the Payroll Office to cancel the demonth will be processed for the fosis a 1 year commitment.	ess to cancel this dedu duction. Any cancellat	ection. Campus Recreation and tions received in the Payroll Office	
Please Con		eva Adams-Bell/Campus Wellness of te Williams/Payroll Deduction on I		ell@nccu.edu if you have questions!	

Thank you NCCU Campus Recreation! Please sign & email of fax this form to:
Campus Recreation Wellness Center.
Walker Complex C102
Durham NC 27707
Phone: 919-530-5136
Fax: 919-530-7628