



Lois Rhame West Health, Physical Education and Wellness Center

AUTHORIZATION AGREEMENT FOR PAYROLL DEDUCTION

Please send completed Payroll Deduction form to Grant Scurry at 211 West Center.

Membership Selection:

(Please check all that apply)

Length of membership:

Faculty/Staff Basic

Annual

Spouse/Partner

Semester

Children of Faculty/Staff

Summer

Membership start date: _____

Spouse/Partner Name: _____ (if applicable)

Child's Name/s: _____ (if applicable)

I authorize Winthrop University to initiate a deduction from my paycheck as indicated below:

Total Fee \$ _____

Number of pay checks 24 Other _____

This authorization is to remain in full force and effect as stated herein or until the University has received written notification from the undersigned of its termination in such time and in such manner as to afford the University reasonable opportunity to act on it. Please contact Grant Scurry at 211 West Center regarding notification on termination of membership.

Name _____ Winthrop University ID#: _____

Department Name/Address _____

Department Phone Number _____ Extension _____

Signature _____ Date _____