

Payroll Deduction Form

Today's Date:	Address:			
Member Name:				
Phone Number:		V Number:		
VCU RECREATION AND WELL-BEING (RECWELL) PAYROI THE MONROE PARK CAMPUS PAYROLL DEPARTMENT. DEDUCTION. HOURLY EMPLOYEES ARE NOT ELIGIBLE FOR	EMPL	OYEES PAID FROM THE VCU HEALTH SYSTEI		
Full Membership: members receive access to all RecWell faciliti Ram Express Membership: members receive access to all Rec Sunday.			and all hours on Sat	urday and
MARK THE PAYROLL DEDUCTION OPTION YOU WOULD LIKE TO CHOOSE IN THE BOX PROVIDED.	Men	bership Type	Bi-Monthly	Monthly
	R1	Faculty/Staff Full Membership	\$15.00	\$30.00
PLEASE CHOOSE ONLY <u>ONE</u> OPTION.	R5	Faculty/Staff Ram Express Membership	\$10.00	\$20.00
IF YOU HAVE CHOSEN AN OPTION THAT INCLUDES AN ADDITIONAL ADULT, YOU WILL RECEIVE A COMMUNICATION FROM OUR RECWELL STAFF WITHIN FIVE (5) BUSINESS DAYS REQUESTING MORE INFORMATION ABOUT YOUR ADDITIONAL ADULT INCLUDING A USAGE AND POLICY WAIVER REQUIRED BY OUR DEPARTMENT.	R4	Faculty/Staff Full Membership with Additional Adult Full Membership	\$35.00	\$70.00
	R8	Faculty/Staff Full Membership with Additional Adult Ram Express Membership	\$30.00	\$60.00
	R9	Faculty/Staff Ram Express Membership with Additional Adult Full Membership	\$30.00	\$60.00
FOR QUESTIONS PLEASE E-MAIL RECWELL@VCU.EDU OR CALL 804-828-9489	R7	Faculty/Staff Ram Express Membership with Additional Adult Ram Express Membership	\$25.00	\$50.00
VCU Recreation and Well-Being offers several term-memberships must be paid for in full and must be purcha Center.				
I understand that use of the payroll deduction option through the options or cancel the membership. I understand if I should personally responsible for any balances owed RecWell of VC absence must make payment arrangements with RecWell to of membership(s).	d sepa U in ca	rate employment from VCU, that my membership wase I do not fulfill the payroll deduction requirements	ill be canceled imme . Employees on auth	ediately. I will be norized leave of
All cancellation requests must be made through the cancellati are required to fill our the Payroll Deduction Cancellation Required pay period will be honored as of the last date of that pay mail from RecWell confirming their last day of access in additional confirming their last day of access in additional cancel ca	iest Fo period.	rm provided at the end of the aforementioned Goog Facility access termination will mirror that date. Me	le doc. Cancellation mbers will receive a	requests made confirmation e-
Participants Signature:				
Date:				
		FOR OFFICE LIGE ONLY.		
For payroll use only: ORIGINAL – RECWELL, COPIES: – PAYROL	L DEPAF	TMENT, PARTICIPANT		
ELEM BAL AMOUNT +/- TRAN CD CODE		ELEM NO BAL AMOUNT +/- TOTAL	AMOUNT +/-	

Сору

Forward

File

Page1 of 1