

## **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	<b>EMPL</b>	OYEES PAID	FROM TH				
Full Membership: members receive access to all RecWell facilities Ram Express Membership: members receive access to all RecSunday.				iday from openir	ng until 1pm a	and all hours on Sa	turday and
MARK THE PAYROLL DEDUCTION OPTION YOU WOULD LIKE TO CHOOSE IN THE BOX PROVIDED.	Men	Membership Type				Bi-Monthly	Monthly
	R1	Faculty/Staf	f Full Mem	bership		\$15.00	\$30.00
PLEASE CHOOSE ONLY <u>ONE</u> OPTION.	R5	Faculty/Staf	f Ram Exp	ress Membersl	nip	\$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/Staf with Additio		mbership t Full Membership		\$35.00	\$70.00
	R8		Faculty/Staff Full Membership with Additional Adult Ram Express Membershi		lembership	\$30.00	\$60.00
	R9			ress Membersl ull Membershi		\$30.00	\$60.00
FOR QUESTIONS PLEASE E-MAIL RECWELL@VCU.EDU OR CALL 804-828-9489	R7			ress Membersl am Express M		\$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 VCI absence must make payment arrangements with RecWell to rof membership(s).	d sepa U in ca	rate employm ise I do not ful	ent from V0 fill the payr	CU, that my mer oll deduction rec	nbership will quirements. I	be canceled imm Employees on auth	ediately. I will be norized leave of
All cancellation requests must be made through the cancellation are required to fill our the Payroll Deduction Cancellation Requestion mid-pay period will be honored as of the last date of that pay period mail from RecWell confirming their last day of access in additional confirming the confirming their last day of access and access the confirming their last day of access and access the confirming their last day of access and access the confirming their last day of access and access the conf	uest Fo period.	orm provided a Facility acces	t the end of s terminati	the aforemention will mirror the	oned Google at date. Mem	doc. Cancellation bers will receive a	requests made confirmation e-
Participants Signature:							
Date:							
		FOR OFFICE					
Application processed by					Date		
For payroll use only: ORIGINAL – RECWELL, COPIES: – PAYROLI	L DEPAR	TIMENI, PARTIC	IFAN I				
ELEM BAL AMOUNT +/- TRAN		ELEM NO	BAL	AMOUNT +/-	TOTAL AN	10UNT +/-	

Сору

Forward

File