



Lois Rhome West Health, Physical Education and Wellness Center

AUTHORIZATION AGREEMENT FOR PAYROLL DEDUCTION

Please send completed Payroll Deduction form to Laura Davis at
davislh@winthrop.edu

Membership Selection:

(Please check all that apply)

Faculty/Staff Basic	<input type="checkbox"/>
Spouse/Partner	<input type="checkbox"/>
Children of Faculty/Staff	<input type="checkbox"/>

Length of membership:

Annual	<input type="checkbox"/>
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(Please Print)

Faculty/Staff Name: _____

Spouse/Partner Name: _____ (if applicable)

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

Child's DOB (must be under 24): _____

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 Laura Davis regarding notification on termination of membership.

(davislh@winthrop.edu / 803-323-2390 / 211 West Center)

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

Number of pay checks	<input type="checkbox"/>	24	<input type="checkbox"/>	Other	_____
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Membership start date: _____

Total Fee: \$ _____

Fee Per Check: \$ _____

Department Name: _____ CWID#: W _____

Work Email: _____ Phone #: _____

Faculty/Staff Signature: _____ Date: _____