# Wellness & Recreation Center Member Information and Payroll Deduction Form

9000ID #:

Please complete this form in its entirety and submit via email to Payroll & Benefits (zhoxie@ggc.edu).

- For payroll deduction membership, please submit once complete.
- For non-payroll deduction memberships please submit via email, print, and deliver with payment to Student Accounts, D-1152.
- To remove members from payroll deduction memberships, please complete this form, select the appropriate boxes below, and submit via email.
- To cancel membership please complete this form, select the cancellation box below, and submit via email.

#### **Member Information:**

Full Employee Name:

Status (Select One):	Faculty	Staff	Contractor	Affiliate	
Payroll Cycle (Select One):	Monthly	Biweekly	*Payroll D	Deduction Only*	
GGC E-mail:			Phone:		
Additional Wellness and Recre	eation Center 2	Member Name	s: *Monthly Me	embership is \$10 Pe	r Month Per Person
Spouse/Partner:				Enroll	Cancel
Dependent:				Enroll	Cancel
Dependent:				Enroll	Cancel
Dependent:				Enroll	Cancel
Non-Payroll Deduction Paymen	nts: Che	ck Credit	Card Cas	h	

#### To pay via check: Submit form by e-mail, print and visit Student Accounts, D-1152 Checks should be made payable to Georgia Gwinnett College Cash can be accepted at Student Accounts only

To pay via credit card: Submit form by e-mail, print and visit Student Accounts, D-1152

## **Total Monthly Payroll Deduction:**

- Total payroll deduction includes all designated Wellness & Recreation Center memberships (\$10 per membership each month)
- Biweekly employee payroll deduction amount will be split evenly between two paychecks each month
- Form must be submitted via email (zhoxie@ggc.edu)

### **Total Non-Payroll Deduction Payments:**

- Non-Payroll Deduction includes all designated Wellness & Recreation Center memberships (\$10 per membership each month)
- Form must be submitted via email and printed for delivery to student accounts with payment

I authorize my employer to withhold from my salary the amount as indicated.

I wish to cancel my Wellness and Recreation Center membership. Please end my payroll deduction for the Wellness and Recreation Center membership. I understand that if I would like to re-activate my membership I must resubmit this form.

Your Signature is required if this form is not submitted electronically by email.

