



Walla Walla Community College
**Payroll Deduction Authorization for
Student Rec Center Membership Fees**

Employee Name _____

Employee ID _____

Phone _____

Email _____

Payroll Deduction

I authorize WWCC to withhold \$30 per month to pay for my Student Recreational Center membership fees for the following period (mark all applicable periods):

<input type="checkbox"/>	Ongoing**
<input type="checkbox"/>	Fall - Oct, Nov, Dec
<input type="checkbox"/>	Winter - Jan, Feb, Mar
<input type="checkbox"/>	Spring - Apr, May, June
<input type="checkbox"/>	Summer - Jul, Aug, Sep

**Ongoing membership deductions will continue until written notice of termination is provided to the payroll department.

Termination of memberships shall become effective on the first pay period following the pay period in which the written notice is received by the Payroll office, unless the written notice is received three or more working days before the end of the pay period, in which case the deduction will be effective the following pay period.

Signed: _____ Date: _____

Please return this completed form to payroll@wwcc.edu or drop it off to payroll in the Business Services Office.

For Office Use Only.

Received on _____. Entered by/on _____.

[] Gen Ded Cd eff _____ with/without end dt _____.