



2026 Weight Loss Challenge

WMU Payroll Deduction Form

Employee Name: _____ Employee ID #: _____

Employee Dept: _____ Dept. Phone: _____

☐ Members: \$499 / \$167 pay period

☐ Guests: \$599 / \$200 pay period

(Please note: All WMU benefits eligible employees have a membership to West Hills it just needs to be activate. To activate call (269) 387-0410 and ask for the membership department.)

I authorize West Hills Athletic Club to deduct _____ from my paycheck over **three pay periods** beginning with the first pay period in _____ until the total amount of \$ _____ is met.
See corresponding dates below

I am paid:	<input type="checkbox"/> Semimonthly	02/01/2026	Beginning pay period
	<input type="checkbox"/> Biweekly	02/02/2025	Beginning pay period

Signature: _____ Date: _____

For office use only: Code: _____

Email this form to chad.ward@wmich.edu by Friday, Jan. 9