



## PAYROLL DEDUCTION CONTRIBUTION AGREEMENT

### Employee Information (All fields are required.)

Name (Last, First, MI) \_\_\_\_\_ Campus-Wide ID \_\_\_\_\_  
☐ Bi-Weekly ☐ Monthly Extension \_\_\_\_\_

### Membership Opportunities

#### Pepperdine Associates

Select membership level and school designation below. Program/purpose (optional): \_\_\_\_\_

- ☐ **Platinum Medallion Associates**  
(\$10,000 per year / \$833.33 monthly / \$384.62 bi-weekly)
- ☐ **Gold Medallion Associates**  
(\$5,000 per year / \$416.66 monthly / \$192.31 bi-weekly)
- ☐ **Silver Medallion Associates**  
(\$2,500 per year / \$208.33 monthly / \$96.15 bi-weekly)
- ☐ **Associates**  
(\$1,000 per year / \$83.33 monthly / \$38.46 bi-weekly)
- ☐ **Recent Grad Associates** – *Must have graduated from Pepperdine in the last 5 years*  
(\$500 per year / \$41.67 monthly / \$19.23 bi-weekly)
- ☐ **Student Associates** – *Must be currently enrolled at Pepperdine*  
(\$250 per year / \$20.84 monthly / \$9.62 bi-weekly)

#### Century Clubs

Select membership level and school designation below.

- ☐ **Gold Century Club**  
(\$600 per year / \$50 monthly / \$23.08 bi-weekly)
- ☐ **Silver Century Club**  
(\$300 per year / \$25 monthly / \$11.54 bi-weekly)
- ☐ **Century Club**  
(\$100 per year / \$8.33 monthly / \$3.85 bi-weekly)

#### Designate my gift to:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> University           | <input type="checkbox"/> Seaver College          | <input type="checkbox"/> School of Law | <input type="checkbox"/> Athletics           |
| <input type="checkbox"/> Graziadio School     | <input type="checkbox"/> School of Public Policy | <input type="checkbox"/> GSEP          | <input type="checkbox"/> Center for the Arts |
| <input type="checkbox"/> University Libraries |  |  |  |

I hereby authorize Pepperdine University to deduct \$\_\_\_\_\_ from each paycheck starting \_\_\_\_\_ (This date must be a regular payday.) No end date ☐ End date of: \_\_\_\_\_

**I understand that this agreement will continue until payroll is notified of any changes in writing.**

\_\_\_\_\_  
Employee (Signature)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

#### For Office Use Only

Deduction Code \_\_\_\_\_ Received by \_\_\_\_\_ Date Received \_\_\_\_\_