

**Westelcom Family of Companies
St. Lawrence University #28814
Employee Access Program**

Dialup Access Account:
These services will be provided though payroll deduction.

Registration for Westelcom Account Through Northnet

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work or Fax Number: _____

Operating System: WIN version _____ MacIntosh _____ Other _____

Login (username): _____ (please print)
4 to 8 characters, lowercase, alphanumeric, must start with a letter

Password: _____ (please print)
4 to 8 characters, lowercase, alphanumeric, must start with a letter

Do you currently have a Northnet account: _____ No _____ Yes
If yes, what is your current username/account number: _____

Please check what services you would like:

- _____ Standard monthly rate of \$7.50 monthly
- _____ Virus Patrol for an *additional* 95¢ = \$8.45 per month
- _____ Spam Guard and Virus Patrol for an *additional* \$1.95 = \$9.45 per month

Please read the Westelcom terms and conditions prior to signing this agreement.

I hereby apply to Westelcom (Northnet) for an Internet access account in my name. I agree to comply with the Westelcom terms and conditions I have reviewed and as published on the Westelcom website (www.westelcom.com).

Signed Date

I authorize St. Lawrence University to deduct from my first payroll check, each month for the charge of \$_____ for the Westelcom/St. Lawrence University Access program, starting with the month of _____. Please check if you are paid _____ monthly or _____ bi-weekly.

Employee Signature SLU ID# Date

*****IMPORTANT***** A **30-day** notice in writing must be given to the payroll department that you wish to stop your automatic deduction and to cancel your NorthNet account.

For use by St. Lawrence University Only

Authorization: _____ Date: _____