

## Employee Application for Roadrunner Service

*\*Graduate Assistants are only eligible for the student discount.*

Please print clearly and provide all requested information (failure to provide information may result in a longer wait for an installation)

### Account Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email address: \_\_\_\_\_@marquette.edu

Does your residence have active Time Warner Service?  Yes  No If yes,  Cable  Internet \_\_\_\_\_  
Name on active account

Availability for installation: 1. Day of the week (Sun-Sat): \_\_\_\_\_ Time Frame\*: \_\_\_\_\_  
2. Day of the week (Sun-Sat): \_\_\_\_\_ Time Frame\*: \_\_\_\_\_

\*Installations appointments are available 7 days a week: 7:30-10:30a, 10:30-1:30p, 1:30-4:30p, and 5:00-7:00p. We do NOT guarantee that your installation will be scheduled for one of the times you specified above. A representative from Time Warner Cable will email you with the date and time frame your installation is scheduled for. If you or a representative on your behalf is not able to be there at the time of the installation, you will need to contact customer service at Time Warner Cable to reschedule your appointment.

### Payroll Information

Department: \_\_\_\_\_

Paid (circle one): Monthly  Biweekly

Pay Cycle\* (circle one): 12-month  10-month  Other: \_\_\_\_\_-month

\*number of months within the calendar year you receive a paycheck

### Authorization

I hereby authorize the Office of Residence Life to activate a Road Runner account in my name and to deduct the charges from my paycheck. If I am paid in a 12-month pay cycle, I understand that the charge will be \$32 per month. If I am not paid in a 12-month pay cycle, I understand that my deduction will be adjusted in order to cover costs during the period I do not receive a paycheck from Marquette University.

**My payroll account will continue to be billed unless I contact the Office of Residence Life, in writing, to cancel my service. If I fail to do this, my payroll account will continue to be deducted and a refund is not guaranteed.** I am responsible for the equipment that Time Warner issues me. When disconnecting service, the equipment must be returned to one of Time Warner's offices.

I am aware that if I move to a new address, I can fill out a transfer of service form to move the service to my new address. I understand that all of the terms stated above still apply to the transfer of service. I understand that I will not be reimbursed for any time that I do not have the service.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_