



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA Payroll Deduction Form

## Alexander County Employees

By signing below, I authorize Alexander County to deduct \$6.92 from my paycheck each pay period to cover my YMCA membership fees. I understand that if I am out of work for a week or more, all membership fees due will be deducted from my paycheck upon my return to work. I further understand that if my employment terminates for any reason, all payments to the YMCA made by Alexander County on my behalf will cease at the time my last paycheck is issued, thus ending my membership to the YMCA, unless other payment arrangements are made.

I have read, understand and agree to the above information.

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

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please circle the following:

Membership Type:            ADULT                            HOUSEHOLD w/DEP

Alexander County Personnel Signature: \_\_\_\_\_

Payroll Deduction Start Date: \_\_\_\_\_

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Please cancel my family membership effective: \_\_\_\_\_

Employees Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Alexander County Personnel Signature: \_\_\_\_\_