



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: _____

Membership Type: HOUSEHOLD w/DEP

Alexander County HR Personnel Signature: _____

Payroll Deduction Start Date: _____

Please cancel my family membership effective: _____

Employees Signature: _____ Date: _____

Print Name: _____ Phone: _____

Address: _____

Alexander County HR Personnel Signature: _____

Please keep my family membership, but remove the following member: _____

Employees Signature: _____ Date: _____

Print Name: _____ Phone: _____

Alexander County HR Personnel Signature: _____