

AUTHORIZATION
FOR VOLUNTARY PAYROLL DEDUCTION

I, _____ hereby authorize Adair County to deduct from my wages the amount indicated below, for my monthly membership dues to the Adair County YMCA. I understand that the amount will be taken from only one paycheck a month.

- _____ **\$28.40 Family Plan**
- _____ **\$22.80 Single Parent Family**
- _____ **\$22.00 Adult**
- _____ **\$15.60 Senior Adult**
- _____ **\$19.60 Senior Couple:**
- _____ **\$10 Youth**

Employee Signature

Date

I wish to cancel my membership to the YMCA, effective immediately.

Employee Signature

Date