

**YMCA 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 per month.

_____ **\$29.20 Family Plan**

_____ **\$23.60 Single Parent Family**

_____ **\$22.80 Adult**

_____ **\$16.40 Senior Adult**

_____ **\$20.40 Senior Couple**

Employee Signature

Date

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

Employee Signature

Date