

# YMCA Authorization

## FOR VOLUNTARY PAYROLL DEDUCTION

I, \_\_\_\_\_, hereby authorize Adair County to deduct, from my wages, the amount indicated below for my monthly dues to the Adair County YMCA. This will be a once-a-month deduction taken out of the first paycheck of the month.

Please check one.

\$41.60 Family

\$34.40 Single Parent Family

\$32.00 Adult

\$22.80 Senior Adult

\$28.00 Senior Couple

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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## YMCA MEMBERSHIP CANCELLATION

I, \_\_\_\_\_, WISH TO CANCEL MY MEMBERSHIP EFFECTIVE IMMEDIATELY.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date