



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

PAYROLL DEDUCTION AUTHORIZATION FORM

Please make a copy of this **SIGNED AND APPROVED** form and bring it into the YMCA of Greater Fort Wayne for enrollment into your membership. The original copy stays with your payroll department to start your payroll deduction.

NAME (PLEASE PRINT): _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____

I HEREBY AUTHORIZE PURDUE FORT WAYNE TO DEDUCT THE AMOUNTS INDICATED BELOW:

_____ I am a 12 month employee. My deductions will be \$_____ each pay period.

_____ I am a bi-weekly employee. My deductions will be \$_____ each pay period.

_____ I am an academic year employee. My deductions will be \$_____ for the first two pay periods of my membership year and \$_____ for the next remaining pay periods. Membership years are on a rolling year. Deductions will not be taken in June and July.

TO BE USED FOR YMCA OF GREATER FORT WAYNE MEMBERSHIP (PLEASE CHECK TYPE BELOW):

- HOUSEHOLD (2 ADULTS & THEIR DEPENDENTS)
- ADULT (AGE 18+)
- ONE ADULT HOUSEHOLD (1 ADULT & THEIR DEPENDENTS)

(PLEASE CHECK) I UNDERSTAND THAT A 12-MONTH COMMITMENT IS REQUIRED FOR THE FIRST YEAR OF MEMBERSHIP.

(PLEASE CHECK) I UNDERSTAND THAT YMCA MEMBERSHIP RATES MAY CHANGE AND MY PAYROLL DEDUCTION WILL ADJUST ACCORDINGLY UNTIL I NOTIFY THE HUMAN RESOURCES DEPARTMENT IN WRITING TO DISCONTINUE DEDUCTIONS.

EFFECTIVE DATE (DATE PAYROLL DEDUCTIONS BEGIN): _____

EMPLOYEE SIGNATURE: _____ DATE: _____

HR/PAYROLL SIGNATURE: _____ DATE: _____

***BOTH SIGNATURES ARE REQUIRED TO BEGIN MEMBERSHIP**