



Payroll Deduction Form

Please complete and return the form to the YMCA

Employee's Name: _____

Address: _____

I authorize my employer, Malone Central School District, to start deducting my YMCA membership payment amount effective immediately. Should the YMCA rates change, I authorize my employer, Malone Central School District, to change the deduction amount as per the YMCA, as I will be notified by mail. If I choose to cancel I will alert the YMCA.

Employee Signature

Date

Type of YMCA Membership: (Please circle)

- | | | | |
|-----------------|-----------------|-------------------------|-------------------------------|
| Youth(\$7.15) | Teen(\$8.88) | Adult(\$11.92) | Single Parent Family(\$16.26) |
| Family(\$21.46) | Senior (\$9.73) | Senior Couple (\$15.92) | |