

**City of Marshfield**  
**Payroll Deduction Authorization Form**  
**for Marshfield Area YMCA Membership Fees**  
(Effective 01/01/2017-12/31/2017)

**Note:** Payroll deduction memberships cannot be put "on hold"

Name:

**Please Print:** \_\_\_\_\_  
Last First Mi.

Address: \_\_\_\_\_  
Street City Zip

Employee Number: \_\_\_\_\_

Please check the appropriate membership category of amount to be deducted.

Monthly Deduction

Adult \_\_\_\_\_ \$41.86

Single Parent Family \_\_\_\_\_ \$44.34

Family \_\_\_\_\_ \$57.84

This deduction will continue until the YMCA receives a 30-day notification of change or cancellation. The YMCA Board of Directors may adjust the monthly rate applicable to my membership category and by signing the below authorization, I understand that my payroll department will make all such future deductions. Should any payroll deduction not be honored for any reason, I realize that I am still responsible for that payment.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**OFFICE USE ONLY**

Start payroll deductions 1<sup>st</sup> payroll in: \_\_\_\_\_

YMCA Authorization: \_\_\_\_\_ Date: \_\_\_\_\_