City of Marshfield

Payroll Deduction Authorization Form
for Marshfield Area YMCA Membership Fees

(Effective 01/01/2020-12/31/2020)

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	_____$43.66
Single Parent Family	_____$46.80
Family	_____$60.54

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: _____

OFFICE USE ONLY

Start payroll deductions 1st payroll in:_____

YMCA Authorization: _____ Date: _____