PAYROLL DEDUCTION AUTHORIZATION FORM

Franklin County Family YMCA

The Franklin County Family YMCA has obtained agreements with MW Manufacturers, NewBold, Ronile, the Town of Rocky Mount, and Uttermost to provide a payroll deduction option for YMCA membership fees. If you are employed by one of these employers and would like to authorize the payroll deduction option, please complete this form.
This completed form should be turned in to the YMCA Front Desk for processing. A copy of this form will be sent to your employer by the YMCA. Please Note: Prior to authorizing this deduction, the applicant must complete a membership application form, pay the current Joiner Fee, and pay the first month's membership fee.
The YMCA Board of Directors may, at their discretion, adjust the monthly rate applicable to your category of membership. Notice of any change will be mailed to your address of record at least four weeks prior to any change.

PRINT OR TYPE:

Employee Last Name (-01) _____ First Name _____ Middle Name _____

Address _____ Social Security # _____

City _____ State _____ Zip Code _____

Employer: ☐ MW ☐ NewBold ☐ Ronile ☐ Town of Rocky Mount ☐ Uttermost ☐ FC School Division

Membership Type: ☐ Adult ☐ Family of 2 ☐ Family of 3 or more

Place a ✓ in appropriate column below indicating your payroll schedule

	PAYROLL DEDUCTION MEMBER FEES BREAKDOWN	ADULT MEMBERSHIP	FAMILY OF 2 MEMBERSHIP	FAMILY OF 3 OR MORE MEMBERSHIP
	Weekly Amount if deducted 52 times a year	$ 10.15	$ 13.84	$ 15.23
	Weekly Amount if deducted 50 times a year (MW)	$ 10.56	$ 14.40	$ 15.84
	Bi-Weekly Amount if deducted 26 times a year (NewBold, Ronile)	$ 20.30	$ 27.69	$ 30.46
	Bi-Weekly Amount if deducted 24 times a year (MW)	$ 22.00	$ 30.00	$ 33.00
	Semi-Monthly Amount if deducted 24 times a year (Uttermost, Town)	$ 22.00	$ 30.00	$ 33.00
	Monthly Amount if deducted 12 times a year (any participating employer)	$ 44.00	$ 60.00	$ 66.00
	Monthly Amount if deducted 10 times a year (FC School Division full-time only employees)	$ 52.80	$ 72.00	$ 79.20

I authorize my employer to deduct $ _____ on all future pay periods effective immediately. I understand that this deduction will continue until such time that I request it be stopped by giving the YMCA written notice 30 days prior to any cancellation and that the YMCA will then advise my employer to cease further deductions.

_____ _____
Employee Signature Date

For YMCA Staff Use Only:

MEMBERSHIP START DATE	DATE FAXED TO EMPLOYER	CHECK DATE PRD 1st PYMT

mspub/forms/payroll deduct auth 09/28/10

Franklin County Family YMCA P.O. Box 720 235 Technology Drive Rocky Mount, VA 24151

We build strong kids, strong families, and strong communities.

To register for programs or to obtain more information, call the YMCA at 489-YMCA (9622).