

MIAMI COUNTY YMCA PAYROLL DEDUCTION AUTHORIZATION

*Please turn in the completed form to the Miami County YMCA front desk in order to begin your membership (we will submit the form to the company in order to obtain a HR signature and begin membership deductions).

NAME (PLEASE PRINT):				
DATE OF BIRTH:				
HOME ADDRESS:				
CITY:		STATE:	ZIP:	
OFFICE PHONE:				
EMAIL:				
DEPARTMENT:				
I AM <i>(CHECK ONE):</i>	□FULL-TIME	□PART-TIME	□OTHER	
I HEREBY AUTHORIZE:				
TO DEDUCT \$				
TO BE USED FOR: Miam		1BERSHIP □ FAMILY ASE CHECK ONE)	′ □ SINGLE HOUSEHOLD	□ ADULT
☐ (PLEASE CHECK) I UN PAYROLL DEDUCTION N RESOURCES DEPARTME DEDUCTIONS.	WILL ADJUST ACC	CORDINGLY UNTI	L I NOTIFY THE HUMAN	l
EFFECTIVE DATE (DATE P	AYROLL DEDUCTIO	NS BEGIN):		
EMPLOYEE SIGNATURE: _			DATE:	
HR/PAYROLL SIGNATURE *BOTH SIGNATURES A	: RE REQUIRED TO	BEGIN MEMBERSI	DATE:	

MIAMI COUNTY YMCA

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