



Authorization Agreement for Payroll Deduction

As an employee of Yadkin County, I would like to participate in the YMCA benefit option available. I hereby authorize **Yadkin County**, hereinafter called COMPANY, to initiate a payroll deduction in the amount indicated below from the first paycheck of each pay period. This amount constitutes a 5% discount of the published monthly rates, and shall be conveyed on my behalf to the Yadkin County YMCA as monthly membership dues for the plan indicated.

<u>Please Choose</u>	<u>Monthly Deduction</u>	<u>Membership Type</u>
<input type="checkbox"/>	\$27.55	Teen & Young Adult (Ages 12 - 24)
<input type="checkbox"/>	\$41.80	Adult (Ages 25 - 64)
<input type="checkbox"/>	\$65.55	Adult w/ Dependents (Ages 25 – 64)
<input type="checkbox"/>	\$75.05	Household w/ Dependents
<input type="checkbox"/>	\$33.25	Senior (Ages 65+)

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

Name

Social Security/ID

Signature

Date

Note: The one-time joining fee is waived for Yadkin County employees.