



Forest City YMCA Payroll Deduction Form

Member Name _____

Front Desk Instruction: Ask member to complete and sign this form for new membership enrollment or changes to payroll deduction information.

		PAYROLL DEDUCTION				
Select One	Membership Category	Monthly Rate	Employer Bi-Monthly Payroll	Winnebago Payroll Deduct Weekly (48x)	CDI Deduct Weekly (52x)	Enrollment Fee*
	Two Adult Plus	\$56.00	\$28.00	\$14.50	\$12.92	\$50.00
	One Adult Plus	\$45.00	\$22.50	\$11.25	\$ 10.38	\$50.00
	Youth	\$19.00	\$9.50	\$4.75	\$ 4.38	\$0
	Adult	\$37.00	\$18.50	\$9.25	\$8.54	\$50.00
	Senior	\$29.00	\$14.50	\$7.25	\$6.69	\$50.00
	College FT PT	\$29.00	\$14.50	\$7.25	\$6.69	\$0
	Two Adult	\$53.00	\$26.50	\$13.25	\$12.23	\$50.00

- Memberships are effective from the 10th of a month to the 10th of the next month. To begin membership, the Y requires a partial payment to the 10th of the next month, plus the enrollment fee.
 - o *Example: If you establish a membership on January 15th, we require payment from January 15th to February 10th plus the enrollment fee.*
- Enrollment fee is in effect for new and lapsed memberships and is required in full before cards are issued.
- Payroll deduction begins according to the company's policy after the initial payment is made to the Forest City Y.
 - o *Example: If you establish a membership on January 15th, you will be paid to February 10th and the payroll deduction will begin after February 10th.*
- Credit Cards are not accepted for monthly membership deductions at this time. Credit cards may be used to make the initial payment.
- **It is the responsibility of the member to notify the Y by the 5th of the month in person or via email if there is a change or cancellation to a membership record.**

PAYROLL DEDUCTION EMPLOYERS	
Select One	Employer
	CDI, LLC
	Winnebago Industries
	Good Samaritan
	City of Forest City
<i>Waldorf University (complete purple form)</i>	

I authorize my employer to deduct the amount indicated above until I wish to make a change or terminate my membership. I understand that my YMCA membership will continue until I notify the YMCA to stop. Membership rates are reviewed annually and may be adjusted upon notification from the YMCA.

Signed _____
 Printed Name _____
 Phone () _____
 Employee # (if applicable) _____ Department _____ Date _____