

YMCA of Greater Fort Wayne

Fort Wayne, IN

Payroll Deduction Authorization



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Please read and follow the YMCA membership instructions carefully. This will ensure both the YMCA and Parkview Health have processed and completed your membership accurately.

1. Have your HR representative sign this form on the *Received in HR*, line.
2. You will fill out *My Selection, deduct \$, Employee ID, Name (printed), Signature and Date*.
3. Your HR representative will make two copies; they will send the original YMCA Authorization form to the Payroll Department. Payroll will set up your deduction. The two copies will be given to you. One for your records and the other to give to the YMCA.
4. At your earliest convenience take the YMCA Authorization form to your YMCA; they will use this form to accurately complete your YMCA membership.

(Note: your YMCA membership is not fully active until steps 1-4 are completed. Any missing steps will result in delay of membership or discrepancies in payroll deductions.)

In consideration of the YMCA of Greater Fort Wayne being able to offer reduced YMCA rates through payroll deduction, I authorize Parkview Health System to deduct biweekly from my paycheck my membership fee for the YMCA of Greater Fort Wayne. Deductions begin on the first paycheck of the month after completing membership application. Deductions will be taken from 24 of 26 paychecks.

I understand that if my employment is terminated with Parkview Health System or my paychecks are not sufficient to cover the membership fee, this may result in the termination of my membership through payroll deduction. It will be my responsibility to work with the YMCA of Greater Fort Wayne directly to settle any outstanding balance owed although I understand my commitment to the YMCA of Greater Fort Wayne may continue.

2019 Corporate Membership Rates (Effective December 2018): Please check the membership that you are applying for. You will need to complete a membership application at the YMCA of Greater Fort Wayne to complete the membership process.

During 2019, the YMCA joiner's fee of \$75.00 will be waived for those presenting this payroll deduction form at the time of enrollment.

My Selection	Membership Type	Payroll Code	Monthly Corporate Rate	Biweekly Deduction
<input type="checkbox"/>	Adult	YMCAA	\$45.00	\$22.50
<input type="checkbox"/>	One Adult Household	YMCAO	\$53.50	\$26.75
<input type="checkbox"/>	Family/Household	YMCAF	\$69.00	\$34.50

I hereby authorize Parkview Health to deduct \$_____ each pay period to be used for: YMCA of Greater Fort Wayne membership

I acknowledge that I may revoke this wage deduction authorization at any time by providing written notice to Parkview Health System.

Received in HR: _____

Employee ID: _____

Name (please print): _____

Signature: _____ Date: _____

By providing my signature I understand that YMCA membership rates may change and my payroll deduction will adjust accordingly. I understand that I have the option to discontinue my membership if I am not agreeable with the adjusted rates.

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Locations



**FOR YOUTH DEVELOPMENT
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- Whitley County YMCA – Columbia City
- Central Branch YMCA – Fort Wayne
- Jorgensen Family YMCA – Fort Wayne
- Parkview Family YMCA – Fort Wayne
- Renaissance Pointe YMCA – Fort Wayne
- Caylor-Nickel Foundation Family YMCA – Bluffton
- Skyline YMCA – Fort Wayne
- Jackson R. Lehman YMCA – Fort Wayne