



LAFAYETTE FAMILY YMCA

Payroll Deduction Authorization Form

Corporate: City of Lafayette Employees

New Enrollment Change Cancellation

Name: _____ YMCA Member #: _____

Address: _____ Department: _____

City: _____ State: _____ Zip: _____

Total Monthly Fees:

Young Adult \$24/mo. Adult \$35/mo.
 Single Parent Family \$45.5/mo. Two Adult Family \$45.5/mo.
 Family (Two Adults & Two or more dependents) \$56.50/mo.

I request my membership dues be deducted directly from my paycheck at the amount indicated above.

Signature _____ Date _____

YMCA Representative Signature _____ Date _____

Employee Paycheck Deduction: _____

Start/Stop: _____

Bi-Weekly Deduction: \$ _____

Start Stop Deducting on: _____