



- ☐ New
- ☐ Change
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THE Y at UNION

Payroll Deduction for Full-Time Staff

Name: _____

Employee #: _____

Add Member _____

My spouse is also full time UPS staff _____

I am a full-time employee of Union Public Schools (UPS) as of this date and I hereby authorize Union Public Schools effective the 1st of _____ (month) to deduct from my 10th/25th paycheck (check those below that apply).

ADULT

HOUSEHOLD

Y AT UNION ONLY	_____ \$16.50/MONTH (\$8.25/PAY PERIOD)	_____ \$36.50/MONTH (\$18.25/PAY PERIOD)
YMCA ALL ACCESS (METRO)	_____ \$34/MONTH (\$17/PAY PERIOD)	_____ \$52/MONTH (\$26/PAY PERIOD)

I understand that if my paycheck is not enough to cover my membership fees or if I do not receive a paycheck (including summer), I am personally responsible for making payment arrangements with Y at Union. I understand that written notification of cancellation/change or payroll deduction must be received in the Y at Union and by the Union Human Resources Department thirty (30) days prior to the effective cancellation/change. I also understand that once payroll deduct has been canceled, I must wait six (6) months to reinstate payroll deduction. Any refunds or fees, if applicable, will be handled through the Y at Union.

____ Please cancel my payroll deduction for the Y at Union membership effective _____

Employee Signature

Date

