

**CITY OF WINSTON-SALEM
PAYROLL DEDUCTION AUTHORIZATION
FOR YMCA CLUB MEMBERSHIP**

_____ I hereby authorize the City of Winston-Salem Payroll Department to deduct \$ _____ per pay period for YMCA Club membership until further notice

OR

_____ I hereby authorize the City of Winston-Salem Payroll Department to stop deducting from my paycheck for YMCA Club membership

Employee Name: _____
Please Print FULL name

Employee Number: _____

Effective Date: _____

Employee Signature: _____

Date: _____