



Corporate Membership Payroll Authorization Form
OZARKS REGIONAL YMCA

Employee Name: _____

Current Member Yes__ No__

I authorize **Bolivar R-1 Schools** to make the following deduction from my payroll each month for the duration of my agreement with the OZARKS REGIONAL YMCA.

Please circle your membership type

	Adult	Family	Youth	College	Senior	Senior Couple
Springfield	\$34.00	\$52.70	\$16.15	\$22.10	\$21.25	\$36.55
Bolivar	\$33.15	\$46.75	\$15.30	\$20.40	\$24.65	\$30.60
Dallas County	\$27.20	\$40.80	\$12.75	\$12.75	\$18.70	\$25.50

***I understand this deduction will continue until I provide a written request for cancellation Human Resources.**

**Employees must enroll directly with the Ozarks Regional YMCA in addition to filling out this payroll authorization form. Membership cancellations must be completed through Ozarks Regional YMCA. Stopping your payroll deductions does not cancel your membership with the YMCA.*

I am authorizing **Bolivar R-1 Schools** to deduct my monthly fee from my paycheck by signing this form. All membership fees will be an automatic payroll deduction.

Bolivar R-1 Schools will not be held liable for an employee's membership once employment with employer has ended.

(Please Print Name)

(Employee ID)

(Employee Signature)

(Date)

Please fax form to 417-866-9527

Adam Murr

CORPORATE MEMBERSHIP DIRECTOR

OZARKS REGIONAL YMCA

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