



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# AKRON AREA YMCA

## Summa Payroll Deduction Hold/Cancel

### PRIMARY MEMBER (Summa Employee)

**EMPLOYEE ID#**  
(5 digits) *Must Show Employee ID*

Name					
Email Address	Phone Number				

### HOLD DEDUCTION (Choose only one)

Maximum Hold is 6 months in any 12 month period

<b>Standard Hold</b> <small>Months 1 – 3 free Months 4 – 6 \$8/mo. Paid at time of hold</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 Month FREE	2 Months FREE	3 Months FREE	4 Months \$8.00	5 Months \$16.00	6 Months \$24.00
<b>Medical Hold</b> <small>Months 1 – 3 free *Months 4 – 6 free w/ physician's note</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1 Month FREE	2 Months FREE	3 Months FREE	4 Months *FREE	5 Months *FREE	6 Months *FREE

I hereby request that my membership to the Akron Area YMCA be placed on hold as indicated above. I understand that I must submit this notice at least 15 days prior to my payroll deduction date in which I wish this change to occur; failure to do so will make future deductions non-refundable.

- While on hold members will not have access to YMCA membership facilities and registration fees will be at the non-member rate.
- My membership dues payroll deduction will automatically resume on the date indicated.
- My membership will not be put on hold until a YMCA employee provides a Deduct Stop Date and Deduct Resume Date.
- If this form is not submitted in-person, my hold request may not be confirmed and it is my responsibility to confirm its processing.

Signature	Date
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### CANCEL DEDUCTION/MEMBERSHIP

Which statement below best describes your primary reason for changing your deduction?

- No longer qualify for employee benefit/Change to private pay**
- Cannot Afford/Financial:** Did you know that the Y provides help to those who qualify for financial assistance? Through our Annual Campaign, the Akron Area YMCA provides more than 3,000 families membership and program opportunities.
- Did not have time:** Did you know that your membership can be used at all Ohio YMCAs? Maybe a Y near your home, work or school will keep you on track. You can also put your membership on-hold for up to 6 months.
- Dissatisfied (Equipment, Facility, Staff, and Schedules):** We're listening. Let us know how we can improve. We want to be better when you come back to the Y in the future.
- Health/Medical:** We can put your membership on hold for up to 6 months and help you avoid a startup fee when you return?
- Joined another fitness center:** We are sorry to see you go, but happy that you are continuing to work towards a healthy lifestyle. When you want to come back to the Y, we will be here to welcome you.
- Lost motivation:** Have you taken Wellness 101? It's free and a great way to make sure you have the tools for success.
- Moving out of area:** Good luck with your new adventure. Maybe we can help connect you with a YMCA near your new home.

I hereby request that my Akron Area YMCA membership dues payroll deduction discontinued. I understand that failure to submit this cancellation form at least 15 days prior to cancellation may result in deductions continuing into the following month.

- Memberships renewed within 90 days of cancellation will have startup fees waived; renewals after 90 days of cancellation will be subject to applicable startup fees.
- My membership termination will not be final until a YMCA employee provides a Deduct Stop Date.
- If this form is not submitted in-person, my termination may not be confirmed and it is my responsibility to confirm its processing.

Signature	Date
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**The Y.**  
**For A Better Us.™**  
akronymca.org

**Our Mission:** To put Christian Principles into practice through programs that build a healthy spirit, mind and body for all.

### YMCA OFFICE USE ONLY

Branch		YMCA Unit ID#	
Deduct Stop Month (2 <sup>nd</sup> Pay of Month)		Deduct Resume Month (1 <sup>st</sup> Pay of Month)	
Rcvd By	Rcvd Date	Audit By	Audit/Sent Date



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# AKRON AREA YMCA

## Summa Payroll Deduction Authorization

### PRIMARY MEMBER (Summa Employee)

**EMPLOYEE ID#**

(5 digits) *Must Show Employee ID*

Name									
Email Address				Phone Number					

### NEW JOIN OR CHANGE TYPE

<u>Membership Types</u>	<u>Per Pay</u>
<input type="checkbox"/> Young Adult	\$ 9.02
<input type="checkbox"/> Adult	\$18.09
<input type="checkbox"/> Family	\$28.54
<input type="checkbox"/> Older Adult	\$13.83
<input type="checkbox"/> Older Adult Couple	\$20.57
<b>Deduct Start Month</b> (1st Pay of Month)	

### PAYROLL DEDUCTION AGREEMENT

I hereby authorize my employer to deduct from my salary the amount indicated bi-weekly from my paycheck until I provide written 15 day notice of cancelation or hold to the YMCA using the provided forms or in the event that my employment should terminate. Deductions will be taken from 24 of 26 paychecks (2 deductions each month). Memberships start on the first of the month and end on the last of the month and deductions for each month will occur on the 1<sup>st</sup> and 2<sup>nd</sup> pay. Failure to submit this cancelation form at least 15 days prior to cancelation may result in deductions continuing into the following month.

- I understand that Y membership rates may change within the guidelines provided in the YMCA Membership policies and that my payroll deduction will automatically adjust accordingly.
- I understand that if my paychecks are not sufficient to cover the membership fee it may result in termination of my membership. It will be my responsibility to continue my membership commitment directly with the Y or to settle any outstanding balance.
- Changes to payroll deductions may take up to 1 pay period to adjust, if this occurs during a termination the membership may be extended upon request, but refunds will not be issued.
- I understand that my membership is for right of access and the YMCA does not reimburse for non-use.
- I understand that it is my responsibility to confirm that my deductions are correct and errors will not be reimbursed after 60 days.

Signature

Date

# The Y. For A Better Us.™

akronymca.org

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### YMCA OFFICE USE ONLY

Branch		YMCA Unit ID#	
Deduct Start Month (1 <sup>st</sup> Pay of Month)			
Rcvd By	Rcvd Date	Audit By	Audit/Sent Date

