



# Metropolitan YMCA of Mississippi

## PAYROLL DEDUCTION AUTHORIZATION/CANCELLATION FORM

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Department Name: \_\_\_\_\_

I authorize Millsaps College to initiate the following payroll change (s)

Effective Date of Change(s): \_\_\_\_\_

Membership Type \_\_\_\_\_

YMCA – Metro Jackson

- ( ) Begin / Change Payroll Deduction      Amount to be deducted monthly: \_\_\_\_\_
- ( ) Discontinue Payroll Deduction

I understand that the forms not received by Human Resources, Campus Box 150433 by the 15<sup>th</sup> of the month, will be processed on the following month's payroll.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of HR Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**MILLSAPS  
COLLEGE**

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