



**IREDELL COUNTY
PARKS & RECREATION DEPARTMENT**
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PAYROLL DEDUCTION AUTHORIZATION: FOR IREDELL COUNTY RECREATION CENTER

Corporate Group: IREDELL COUNTY EMPLOYEES

Use this form for a Payroll Deduction Enrollment OR Change
***RETURN TO HR 2 WEEKS PRIOR TO PAYROLL IN WHICH DEDUCTIONS ARE TO BEGIN**

I, _____, request a payroll deduction be taken for my gym membership to the Iredell County Recreation Center. I understand it is my responsibility to notify HR when I wish to stop this deduction.

Select deduction /membership: _____ **\$6 per pay period (24 x per year)- EMPLOYEE ONLY**
_____ **\$12.50 per pay period (24 x per year)- EMPLOYEE FAMILY**

I understand that if my employment ends for any reason all payments made to Iredell County Parks and Recreation on my behalf will cease at the time my last paycheck is issued, thus ending my membership to the Iredell County Recreation Center, unless other payment arrangements are made. Discounted memberships based on employment are only valid during the time of employment.

DEDUCTIONS ARE TO BEGIN THE FIRST PAYROLL IN THE MONTH OF _____ . 20_____

Signed: _____ Date: _____
Print Name: _____ Department: _____
Employee ID: _____ Employee Address: _____
Phone: _____ Email: _____

CANCEL PAYROLL DEDUCTION AUTHORIZATION: FOR IREDELL COUNTY RECREATION CENTER

Use this form for a Payroll Deduction Enrollment CANCELLATION/STOP
***RETURN TO HR 2 WEEKS PRIOR TO PAYROLL IN WHICH DEDUCTIONS ARE TO BEGIN**

Please cancel my payroll deduction for my membership to Iredell County Recreation Center, effective the first payroll in the month of _____, 20__ I understand that my membership is no longer valid.

Cancellation of payroll deductions during the term of the membership/prior to full payment (1 year) for your annual membership will result in being ineligible for payroll deductions in the future. I understand that is I wish to become a member of the Iredell County Recreation Center again in the future, I will be required to enroll in an annual membership (pay in full) or enroll in a monthly membership (auto-bill to card on file).

Signed: _____ Date: _____
Print Name: _____ County Department: _____
Phone: _____ Email: _____
Employee ID: _____ Employee Address: _____
INTERNAL: Received by (HR Employee): _____ Date: _____