



**Kishwaukee Family YMCA**  
 2500 W. Bethany Rd. Sycamore, IL 60178  
 Ph (815)756-9577 fax (815)758-4549  
 www.kishymca.org  
 Corporate Payroll Deduction  
**CHANGE/CANCELLATION FORM**

Member Name \_\_\_\_\_

Address \_\_\_\_\_

**CANCEL:**

Reason for Cancellation: (mark all that apply)

- Non-use. Why? What changed since your date of sign-up? \_\_\_\_\_
- Financial Reasons – we have Financial Assistance available. Would you like an application? \_\_\_\_\_
- Moving
- Transferring to another YMCA (name of Y) \_\_\_\_\_
- Illness
- Dissatisfaction (please explain) \_\_\_\_\_
- Other
- Additional Comments \_\_\_\_\_

**CHANGE Membership Type:**

Add Remove

From: _____	Name: _____	Birthdate _____
	Name: _____	Birthdate _____
To: _____	Name: _____	Birthdate _____
	Name: _____	Birthdate _____
	Name: _____	Birthdate _____

I agree to the above changes made to my current Payroll Deduction payment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Employer/HR Use Only**

The person named above is no longer employed with our corporation/organization.

Corporation/organization Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Effective Date \_\_\_\_\_