

State of South Dakota  
Bureau of Finance and Management

**OAHE YMCA VOLUNTARY PAYROLL DEDUCT AUTHORIZATION**

Signing this form will authorize a deduction of part or all of your payroll warrant until ordered by you to change or stop the deduction. Please print or type legible.

|  |
|--|
| <b>AMOUNT TO BE DEDUCTED:</b> _____ <b>Monthly</b> _____ <b>Per Pay Period</b> |
|--|

Type of Membership: \_\_\_\_\_

Agency/Department: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Identification Number: \_\_\_\_\_

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

Current Date: \_\_\_\_\_

**Notice:** *The State of South Dakota does not endorse any company requesting payroll deduct authorization.*

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