FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Staff Payment and Discount Form

Who is eligible for a discount? Full-time employees and the dependent children of full time employees may participate in program activities by paying half the fee where their participation does not exclude other members. Some exclusions may apply in cases where the direct cost of the instructor must be covered.

How do I pay for my programs at Metro YMCAs of the Oranges? All dependent children of full time staff enrolled in camp, childcare or school-aged childcare at any branch of Metro YMCAs of the Oranges are required to complete a payment and discount form at the time of registration. Enrollment in other programs is to be paid in full at the time of registration through the branch.

Now what? Return this form along with your registration form to Human Resources, Association Services. Human Resources will verify your eligibility for the discount and forward your registration forms for processing.

This portion to be completed by branch registrar:

Employee Name: _____ Branch and Department: _____

Hours worked per week: __

Name of Participant: Program Name:

Date of enrollment: _____

Gross Program Fee	$
Less: Staff Discount	( )
Less: Programs subsidy	( )
Less: Financial Assistance (if any)	(_____)
Full Monthly Amount Due:	$
Total Balance Due:	

Discount eligibility verified.

HR: _____

Date: _____

This portion to be completed by employee:

Method of payment (select one):

☐ Pay in full $ ☐ Monthly credit card $ $0.00 ☐ Monthly Bank draft $

☒ Semi-monthly payroll deduction $ _____ per pay period starting _____

☐ Other: to be paid in full by for a total amount of _____

For value received, I, _____, the undersigned, promise to pay per the terms outlined above to Metro YMCAs of the Oranges, continuing up to and until this note is paid in full.

In the event that my employment at Metro YMCAs of the Oranges is terminated, either voluntarily or involuntarily, I agree that any remaining balance on this note at the point of termination may be deducted from my final paycheck and that I am fully liable for any remaining balance due, to be paid immediately upon terminating my employment.

In the event that I want to stop the automatic payments, I will notify Richard Gorab, President and CEO, immediately in writing. I will then remit a check or money order payable to Metro YMCAs of the Oranges, for the outstanding balance. All checks will be addressed: Attn: Richard K. Gorab, President and CEO, Metro YMCAs of the Oranges, 139 E. McClellan Ave, Livingston, NJ 07039.

If I fail to make this payment within ten days of its due date, I will be in default. Upon default, I must immediately pay the entire balance due under this note, plus all costs of collection, including reasonable attorney's fees and court costs.

_____ _____ _____ _____

Signature Date Witness Date

Original sent to payroll: _____ Date_____