

Payroll Deduction Form

If you wish to make a single annual contribution to the Foundation through a payroll deduction, please check "Single Annual Contribution" and complete the first section. If you prefer to make your contribution as a continuing payroll deduction, please check "Continuing Payroll Deduction" and complete the second section.

I, _____, hereby authorize my employer, until further notice from
(Print Employee Name)
me in writing, to deduct the following amount from my paycheck.

Department	E-mail	Contact Number
Employee Signature	HSC ID#	Date

<input type="checkbox"/> Single Annual Contribution	Changing from:	\$ _____	\$ _____
		per year to	per year

Foundation Account Name & Number	Amount	Effective Date

Total \$ _____. This amount will be deducted from the next paycheck processed.

<input type="checkbox"/> Continuing Payroll Deduction Per pay period _____	Changing from:	\$ _____	\$ _____
		per year to	per year

Foundation Account Name & Number	Amount	Effective Date

Total \$ _____.

Please discontinue my Payroll deduction effective _____ or as soon after as possible.

Signature

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This amount will be deducted from each pay check processed, beginning with the next paycheck.

APPROVED: _____ Processed By: _____ Date: _____ Original forwarded to HSC for processing on: _____