

Corporate Giving Program Payroll Deduction Authorization

EMPLOYEE INFORMATION

Employee Name

Employee ID

Department / Division

Email Address

DESIGNATED CHARITABLE ORGANIZATION

Organization Name

501(c)(3) Tax ID / EIN (if known)

Program or Campaign Name

DEDUCTION AUTHORIZATION

☐ Recurring Payroll Deduction

Amount Per Pay Period (\$)

Start Date

End Date (optional)

☐ One-Time Payroll Deduction

Total Amount (\$)

Pay Period Date

AUTHORIZATION & AGREEMENT

I hereby authorize my employer to deduct the designated amount(s) listed above from my salary each pay period, or as a one-time deduction as specified, and remit these funds directly to the designated charitable organization. I understand that this authorization is voluntary and will remain in effect until I submit written notification of its termination or change, or until the specified end date is

reached. I acknowledge that these deductions will be made on an after-tax basis unless otherwise specified by company policy and local tax regulations.

Employee Signature

Date

PAYROLL DEPARTMENT USE ONLY

Date Form Received

Processed By (Name)

Effective Pay Period / Date

Signature of Payroll Administrator