

VOLUNTARY PAYROLL CONTRIBUTION FORM

Charitable Contribution Withholding Authorization

Use this form to authorize voluntary payroll deductions for charitable contributions. Please complete all sections. The authorized amount will be withheld from each pay period and forwarded to the designated organization(s) on your behalf.

1. EMPLOYEE INFORMATION

FULL NAME

EMPLOYEE ID / NO.

DEPARTMENT

EMAIL ADDRESS

2. CHARITY DESIGNATION & CONTRIBUTION DETAILS

NAME OF REGISTERED CHARITY	REGISTRATION NUMBER (IF KNOWN)	DEDUCTION AMOUNT (PER PAY PERIOD)

3. SCHEDULE & FREQUENCY

EFFECTIVE START DATE

PAY FREQUENCY

☐ Maintain this deduction until further written notice (Ongoing)

END DATE (IF NOT ONGOING)

4. AUTHORIZATION & SIGNATURE

I hereby authorize my employer to deduct the amount(s) specified above from my salary each pay period, beginning on the date indicated. I understand that this authorization is voluntary and may be revoked or modified by me at any time by submitting written notice to the Payroll Department.

EMPLOYEE SIGNATURE

DATE

FOR HR / PAYROLL DEPARTMENT USE ONLY

PROCESSED BY

DATE PROCESSED

FIRST PAY CYCLE APPLIED

AUTHORIZED SIGNATURE