

EMPLOYEE CHARITABLE TRUST FUND DEDUCTION FORM

Payroll Voluntary Contribution Authorization

1. EMPLOYEE INFORMATION

Full Name

Employee ID

Department

Email Address / Extension

2. CHARITABLE TRUST FUND DESIGNATION

Name of Charitable Trust / Organization

Registration/ID Number (If applicable)

Effective Payroll Date

3. CONTRIBUTION DETAILS

☐ **One-Time Deduction:** Deduct a single lump sum of \$ _____ from my next paycheck.

☐ **Recurring Deduction:** Deduct \$ _____ per pay period until further notice or until the specified end date.

End Date (Optional)

Total Target Contribution (Optional)

4. AUTHORIZATION & AGREEMENT

I hereby authorize my employer to deduct the amount(s) specified above from my salary as a voluntary contribution to the designated Charitable Trust Fund. I understand that these deductions will be made post-tax unless otherwise specified by tax regulations and company policy. This authorization will remain in effect until I submit written notification of its termination or amendment to the HR/Payroll department.

Employee Signature

Date

5. PAYROLL & HR DEPARTMENT USE ONLY

Received By

Date Received

Processed Pay Period

Payroll Representative Signature

Date Processed

Please submit the completed and signed form to the Payroll/HR Department. Keep a copy for your records.