



Staff Campaign Payroll Deduction Authorization Form

Name: _____

Work Location: _____

Work Email: _____

Choose ONE Only:

NEW Deduction

REPLACEMENT for Existing Deduction

ADDITIONAL Deduction

Deduction CANCELLATION

I wish to support The Centers. I understand that this authorization for Payroll Deduction will remain in effect until employment separation, or the pledge is paid off or cancelled by me in writing.

I Authorize the Following Payroll Deduction:

Monthly Deduction of \$ _____; until my Total Pledge of \$ _____ is fulfilled

Ongoing Payroll Deduction of \$ _____ per Month

One Time Deduction of \$ _____

Designate my gift to support: _____

Employee Signature (required)

Date

Please complete the above information and return this form to the following email address: payroll@thecentersohio.org

NOTE: Deduction forms will be processed immediately upon receipt by The Centers Payroll Office.