

# Employee Payroll Deduction Monthly Giving Form

Please complete this form to authorize monthly payroll deductions for your charitable contribution. Once completed, print this form and submit it to the HR or Payroll Department.

## Employee Information

Employee Full Name:

Employee ID Number:

Department / Division:

Work Email Address:

Phone Extension:

## Deduction Details

Monthly Deduction Amount (\$):

Effective Start Date (Month/Year):

Designate Contribution To (e.g., General Fund, Specific Charity):

## Authorization and Signature

I hereby authorize my employer to deduct the monthly amount specified above from my payroll to be allocated as a charitable contribution. I understand this authorization will remain in effect until I submit a written request to change or terminate it.

Employee Signature:

Date Signed: