



## PAYROLL DEDUCTION AUTHORIZATION FORM

We have several deductions possible from your paycheck automatically. Please review and check each section with your contribution:

**Social Committee:** Your contribution helps to pay for: Summer picnic, Christmas party, Sympathy and Get Well Cards, staff appreciation gifts, contest prizes, and special functions. Any amount you can give is greatly appreciated.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0.00 per pay period          | <input type="checkbox"/> \$1.00 per pay period | Please cancel my<br>Social Committee<br>Deduction <input type="checkbox"/> |
| <input type="checkbox"/> \$0.25 per pay period          | <input type="checkbox"/> \$2.00 per pay period |  |
| <input type="checkbox"/> \$0.50 per pay period          | <input type="checkbox"/> \$2.50 per pay period |  |
| <input type="checkbox"/> Other (please specify) \$_____ |  |  |

**Pre-Pay Lunch:** You may choose to have lunch money automatically deducted and put into your Nutrition Services (Kitchen) record instead of purchasing daily or stopping in the Business Office.

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|---|---|---|
| <input type="checkbox"/> \$5.00 per pay period          | <input type="checkbox"/> \$10.00 per pay period | Please cancel my<br>Pre-Pay Lunch<br>Deduction <input type="checkbox"/> |
| <input type="checkbox"/> \$15.00 per pay period         | <input type="checkbox"/> \$20.00 per pay period |   |
| <input type="checkbox"/> \$25.00 per pay period         | <input type="checkbox"/> \$30.00 per pay period |   |
| <input type="checkbox"/> Other (please specify) \$_____ |   |   |

**Fry Education Healthcare Foundation:** You may choose to have an automatic donation to the Fry Foundation that is tax deductible. Gifts received by the Foundation are used to purchase state-of-the-art medical equipment, finance facility construction and renovation, and fund ongoing programs and services at the hospital.

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|---|--|--|
| <input type="checkbox"/> \$0.00 per pay period          | <input type="checkbox"/> \$1.00 per pay period | Please cancel my<br>Fry Foundation<br>Deduction <input type="checkbox"/> |
| <input type="checkbox"/> \$0.25 per pay period          | <input type="checkbox"/> \$2.00 per pay period |  |
| <input type="checkbox"/> \$0.50 per pay period          | <input type="checkbox"/> \$2.50 per pay period |  |
| <input type="checkbox"/> Other (please specify) \$_____ |  |  |

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_