



PAYROLL DEDUCTION AUTHORIZATION FORM

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

Helping Hearts Program: The purpose of the Helping Hearts Program is to provide limited financial assistance to Boundary Community Hospital employees in times of disaster, personal emergencies or hardships.

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0.00 per pay period | <input type="checkbox"/> \$1.00 per pay period | Please cancel my
Helping Hearts
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) \$_____ | | |

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.

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0.00 per pay period | <input type="checkbox"/> \$1.00 per pay period | Please cancel my
Fry Foundation
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: _____