

Payroll Deduction Authorization for Charitable Giving

Employee Information

Employee Name

Employee ID

Department

Email

Charity Information

Charity Name

Charity Registration/Tax ID

Charity Address

Deduction Details

Deduction Amount (per pay period)

Start Date

End Date (if applicable)

I hereby authorize my employer to deduct the amount specified above from my pay and remit it to the designated charity.

Signature

Date