

**Payroll Deduction Authorization Agreement**



**Employee:** Complete this form to set up contributions by payroll deduction processed by One Donation. Payroll deduction contributions become the property of One Donation who then distributes your contributions to your desired non-profits.

**Employer:** Upon receipt of this completed Payroll Deduction Authorization Agreement, please use the information provided below to establish the amount of the payroll deduction for your employee and communicate it to your payroll provider. If you send in Enrollment Agreements for your employees, please include Authorization Agreements with those requesting payroll deduction.

**Type of Transaction (check one)**

New Deduction \_\_\_\_\_ Change Existing Deduction \_\_\_\_\_ Stop Deduction \_\_\_\_\_

**Employee Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Primary Phone Number (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

**Employer Information**

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer Phone Number (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**Payroll Schedule**

Weekly \_\_\_\_\_ Every two Weeks \_\_\_\_\_ Twice a month \_\_\_\_\_ Monthly \_\_\_\_\_

**Payroll Deduction Allocation**

I, the undersigned employee, authorize my employer to deduct from my pay a total amount of \$\_\_\_\_\_ per pay period. 100% of the deduction will be sent to One Donation who will then distribute in the designated percentages to the specified non-profits listed below. Percentages must be in whole numbers, not fractions, and total 100%.

