

Employees Resource Foundation Payroll Deduction Form

Completion of this form authorizes an automatic deduction from each paycheck for the amount indicated. Send completed form to the Payroll Department at the James Hines Administration Center.

I authorize the following amount to be deducted from each paycheck for the **EMPLOYEES RESOURCE FOUNDATION**.

Please circle one: \$1.00 \$2.00 \$5.00 Other amount \$_____

It is my understanding that Eastern Suffolk BOCES is not an agent of nor does it represent the Employees Resource Foundation, Inc. and, furthermore, that Eastern Suffolk BOCES has made no representation regarding the advisability, appropriateness, or tax consequences of such payroll deduction. Employees agree that Eastern Suffolk BOCES shall have no liability whatsoever for any and all losses suffered by employees with regard to this deduction. This deduction shall continue until I leave my employment or I change/cancel authorization by written notice to the Payroll Department.

Print Name _____

Signature _____

Date _____

Building _____