

Community Enterprises

Community Enterprises Employee Payroll Deduction Authorization Form

Thank you for helping us to empower the lives of individuals with disabilities. Your generous contribution will be used to enable Community Enterprises to continue our support of programs that provide job training and placement, housing support, education and case management to the over 2,000 people we serve. Since Community Enterprises is a registered 501(c) 3 not-for-profit organization, 100% of your generous donation is tax deductible.

Please enter your contact information: (*denotes required information)

First and Last name* _____
Street _____
Street 2 _____
City, State, Zip _____
Phone number* _____
E-mail address _____

Pledge Information This is a new pledge This is a change to an existing pledge

Please enter the expected amount of your gift: \$ _____ annual \$ _____ total

- I would like to deduct this gift by payroll deduction.
The amount per pay period (based on 26 weeks) is:
 \$20 \$15 \$10 \$5 \$3 \$2 \$1 Other \$ _____
 This amount should be deducted each pay period until further notice.
 This deduction should end on this date: _____

- I would prefer to make this a one-time gift in the amount of \$ _____
 Please deduct from my pay Check is included

Please make checks payable to Community Enterprises, Inc.

Please note that all payroll deductions will begin at the next possible pay period following receipt of this form by the Payroll Department in Northampton.

Do you have any additional requests for your contribution? No Yes

If no, your donation will be placed into the CE unrestricted fund which allows CE to distribute the funds to where they are needed most unless you specify another choice. If yes, please specify below:

I would like to make this donation in honor or memory of someone else, or to recognize a special occasion (e.g. Memorial, In Honor of, Anniversaries, Birthdays, Weddings, Mothers/Fathers Day, etc.)

No Yes

If yes, please designate the honoree of your contribution:

Honor Gift Type: "*****" _____

Honoree Title: _____

Honoree First and Last Name: _____

Recipient Title: _____

Recipient First and Last Name: _____

Notification Recipient Street 1: _____
Notification Recipient Street 2: _____
Notification Recipient City: _____
Notification Recipient State: _____
Notification Recipient Zip/Postal Code: _____

I hereby authorize Community Enterprises, Inc. to initiate payroll deductions. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it.

I understand that the deduction may not be made if I have insufficient income in a pay period.

I understand that statutory dues such as Income Tax and Social Security Tax take precedence over these deductions.

I understand that the deductions may not take effect during the current payroll cycle.

I will not hold the company liable for any deductions made or not made.

(EMPLOYEE SIGNATURE)

(DATE)

Please Mail, Fax or Email this form to: Payroll Dept, Community Enterprises, 441 Pleasant Street, Northampton, MA 01060 Fax Number: 413-587-0679 Email: mboynton@communityenterprises.com
PLEASE RETAIN A COPY FOR YOUR RECORDS

FOR PAYROLL USE:

Received on __/__/__ Initials _____

Effective for start on this payroll __/__/__ Initials _____