

PAYROLL DEDUCTION SUMMARY CARD

Company Name: _____ Account Number: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Total amount of payroll deduction \$ _____ Number of persons giving by payroll deduction: _____
(Employer must retain employees' signed authorization cards)

Please send a billing statement: ☐ Yes ☐ No If yes: ☐ Monthly ☐ Quarterly

Contact person regarding payment of payroll deduction: _____ Title: _____

Address: _____ Phone: _____ Ext: _____ Date: _____

Confirmed by: _____ Title: _____

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