United Way

Payroll Deduction Authorization

☐ I authorize you to deduct $_____ per month from each of my checks, **until further notice from me**, and transmit the amount each month to the United Way of Albany County.

☐ I'm already contributing to United Way. Please *increase* my current contribution by $_____ per month. *No reply necessary if you would like to continue your payroll deduction at your current rate.*

Name (please print) _____

Employer Name _____

Signature _____