

UNITED WAY OF ALBANY COUNTY

Payroll Deduction Authorization

I hereby authorize Albany County School District #1 to deduct \$ _____ annually from my paycheck: (choose one)

\$ _____ Each of nine (9) pay periods with a total annual gift as stated above.

\$ _____ Each of twelve (12) pay periods with a total annual gift as stated above.

\$ _____ One time only.

The deduction(s) are to begin with the November check and end with the October check and are to be transmitted to United Way of Albany County.

(Please print) Name _____

Signature _____

Social Security # _____