

Payroll Deduction Authorization Form

Employee Name (Print):

Company Number and Employee ID

Department

Ext:

Home Address:

City, State & Zip

Home Phone

E-mail

- I authorize my employer Woodland Healthcare to deduct \$_____ from my wages per paycheck and sent to the Woodland Healthcare Foundation for a total deduction of \$_____.
- I authorize my employer Woodland Healthcare to deduct a one time donation of \$_____ from my wages and sent to Woodland Healthcare Foundation.
- I authorize my employer Woodland Healthcare to deduct \$21 from my wages and sent to Woodland Healthcare Foundation to be part of Club 21)

All donations will be applied to the area of greatest need unless otherwise specified here:

Department

Cost Center No.

Employee Signature: _____ **Date:** _____

Please send this completed form to:

Woodland Healthcare Foundation
1321 Cottonwood St., Suite 207
Woodland CA 95695
Ph: 530.669.5680 - Fax: 530.669.5689

THANK YOU FOR YOUR SUPPORT!

_____ PY Sent
_____ FND Received
OFFICE USE ONLY
Revised 3/2014