

# 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 # \_\_\_\_\_