United Way of Albany County
Payroll Deduction Authorization

I wish to contribute to the United Way of Albany County and hereby authorize my employer to deduct $ __________ from each of my paychecks starting __________.

I am paid (please check one):;

☐ Weekly (52 pays) or;
☐ Every 2 weeks (26 pays) or;
☐ Twice a month (24 pays) or;
☐ Monthly (12 pays) or;
☐ Other ( _____ pays)

(please print) Name __________________________________________

Signature __________________________________________

Name of Employer ________________________________________