

# 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 \_\_\_\_\_.

(Date)

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 \_\_\_\_\_