

**UNITED WAY OF ALBANY COUNTY
PAYROLL DEDUCTION AUTHORIZATION**

I hereby authorize Ivinson Memorial Hospital to deduct \$ _____

from my paycheck: (check one)

_____ Each pay period (26) with a total deduction limit of

_____ One time only

The deduction(s) will begin with the first January payroll and will be transmitted to United Way of Albany County.

Employee Signature _____

Print Employee Name _____

Social Security # _____