



North Central Health Care

Person centered. Outcome focused.

EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM

United Way Donation to wear Jeans on Fridays for one year

Employee Name: _____

Employee ID: _____

Payroll Deduction:

I authorize North Central Health Care (NCHC) to deduct \$25.00 from my paycheck, dated _____ for donation to United Way to wear jeans on Fridays. I understand I will be invoiced for any balance remaining if the payroll deduction is insufficient to pay the total in full.

Employee Signature: _____ **Date:** _____