



Payroll Authorization Form – EMSI Employee Emergency Relief Fund

I, _____, HEREBY AUTHORIZE MY EMPLOYER TO DEDUCT \$_____ FROM MY BI-WEEKLY SALARY TO THE EMSI EMPLOYEE EMERGENCY RELIEF FUND.

BI-WEEKLY DEDUCTION BEGIN DATE: ____/____/____

BI-WEEKLY DEDUCTION END DATE: ____/____/____

____ I HEREBY AUTHORIZE MY EMPLOYER TO DEDUCT \$_____ FROM MY SALARY AS A ONE-TIME DONATION TO THE EMSI EMPLOYEE EMERGENCY RELIEF FUND.

I UNDERSTAND THAT THIS DONATION TO THE RELIEF FUND IS VOLUNTARY

Employee's Signature

Date Signed

Once completed please return this authorization form to the payroll department to Diane Walsh.

THIS FORM SUPERCEDES AND REPLACES ALL OTHER AUTHORITY FOR THIS DEDUCTION.