

# PAYROLL DEDUCTION AUTHORIZATION

Please fill out a separate form for each type of deduction. A copy of this form will be returned for your records.

By filling out and signing this form, I authorize a post-tax deduction from my gross earnings for the following specified items and amounts. **Three (3) pay periods is the maximum and the first available pay period for logowear is June 10, 2023.**

**IN PAYMENT FOR:** (Please choose and specify)

Donation \_\_\_\_\_  Event \_\_\_\_\_  Other **LOGOWEAR** \_\_\_\_\_

**TOTAL AMOUNT TO DEDUCT: \$** \_\_\_\_\_

Amount per pay period: \$ \_\_\_\_\_ Beginning \_\_\_\_\_ for \_\_\_\_\_ number of pay periods (**3 max**).  
*First avail: June 10*

Print Name \_\_\_\_\_ Department \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FINANCE OFFICE USE ONLY**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

**YWCA IS ON A MISSION**

YWCA McLean County | 1201 N. Hershey Road, Bloomington, IL 61704

eliminating racism  
empowering women

**ywca**