

Food Bank Donation

Payroll Deduction Authorization

I, _____, authorize a payroll deduction be made from my paycheck, each payroll period, in the amount designated below. This amount will be deposited into an earmarked Food Bank Fund to be included in a quarterly donation made to the Delta Food Bank by IPSC employees. My donation is tax deductible; total annual donation amount will appear on the final paycheck stub of each year.

(Please select the amount you would like to donate.)

 \$.50 \$1.00 \$2.00 \$5.00 \$

Signature _____

D Number _____

(This form is not valid unless completed and signed by named employee. Modifications or enrollment change request will be recognized and applied only when submitted in written form, signed, and dated by involved employee.)

Bereavement Plan

Payroll Deduction Authorization

I, _____, authorize a payroll deduction be made from my paycheck, per incident, in the amount designated below. This amount will be deposited into the Bereavement Plan Fund and distributed with adjoining funds to qualified plan members, or spouse of qualified plan members, if death of a spouse or child occurs. As a participant in this program, I will be entitled to the same benefit in the event of the like loss, as will my spouse.

(Please select the amount you would like to donate.)

 \$5.00 \$10.00

Signature _____

D Number _____

(This form is not valid unless completed and signed by named employee. Modifications or enrollment change request will be recognized and applied only when submitted in written form, signed, and dated by involved employee.)