

EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM

Employee Name: _____ **SSN:** _____
Employee Number: _____ **Phone:** _____
Address _____
City _____ **State** _____ **Zip** _____

Weekly _____ Semi-Monthly _____ Bi-Monthly _____ Monthly _____

Deduction Effective Date: _____

Payroll Deduction:

*Contribution % _____ or \$ _____

I agree that my gross pay will be reduced by the amount of my deduction as checked and indicated above. In the event of a deduction change during the year, my employer is authorized to deduct the new amount from my pay.

In the event a new Employee Deduction Authorization Form is not executed on or before the next year-end, this form shall be deemed to continue in force for the next succeeding year.

*Payee:

Atlanta Metropolitan Cathedral
999 Briarcliff Road, NE
Atlanta, GA 30306
EIN: 58-2276949
Phone: 404-371-9085
Fax: 404-974-2630
Contact Person: Shermanetta Carter, CPA
Contact Email: shermanetta.carter@atlmetro.org

Employee Signature: _____ **Date:** _____