

Help for Healing Payroll Deduction Donation Form

SECTION I: EMPLOYEE INFORMATION

Employee Name:

Department:

Email:

Phone Extension:

SECTION II: DEDUCTION DESIGNATION

Effective Start Date:

Effective End Date:

Amount Per Pay Period: _____

[] If you would like to designate your donation toward another purpose, please specify below:

I, _____, hereby authorize Maryland University of Integrative Health to deduct the above listed amount from my paycheck per pay period beginning on the above listed date. I may end this donation at any time via this form by submitting it to the Office of Human Enrichment at least five business days prior to the effective stop date.

Signature: _____ Date: _____

Payroll Initial: _____