

Signature

General Church & Academy of the New Church PAYROLL DEDUCTION CONTRIBUTION FORM

Employee Name (please print) With my signature below I am authorizing a voluntary deduction from my paycheck of the following type(s) and amount(s): Contribution to: Per Pay Amount ☐ General Church Fund ☐ Academy of the New Church Secondary School Fund ☐ Bryn Athyn College Fund ☐ Glencairn Program Fund □ Society Annual Fund (SOCIETY NAME _____ This deduction should begin with the - 1st or - 2nd pay in____(month). Please allow the deduction to continue: ☐ until a goal of \$_____ is reached ☐ until I contact you to modify the deduction If I already have authorized voluntary deductions on my pay record, this change: ☐ is in addition to the previous contribution authorization(s) □ cancels and replaces my previous contribution authorization(s)

Please forward to PAYROLL DEPARTMENT, PO Box 813, Bryn Athyn, PA 19009, 267-502-4634

Date