

General Church of the New Jerusalem
Academy of the New Church
Employee Voluntary Payroll Deduction Authorization

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):

Tax Deductible Contribution to:	PER PAY AMOUNT
<input type="checkbox"/> Fund for the General Church	\$ _____
<input type="checkbox"/> Student Scholarship Fund	\$ _____
<input type="checkbox"/> Fund for the Academy of the New Church	\$ _____
<input type="checkbox"/> Fund for the ANCSS	\$ _____
<input type="checkbox"/> Fund for Bryn Athyn College	\$ _____
<input type="checkbox"/> Society Annual Fund (SOCIETY NAME _____)	\$ _____
<input type="checkbox"/> Other: _____	\$ _____

This deduction should begin with the 1st or 2nd pay period 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)

SIGNED

DATE

Please forward this form to the Payroll Department

PO Box 813, Bryn Athyn, PA, 19009-0045

Fax: (267) 502-2563