

Atrium Health Stanly Foundation Payroll Deduction Authorization

Per payroll deduction amount: \$ _____

Account name: Stanly Health Foundation

Account number: #2170030

Beginning date: _____

I hereby authorize Atrium HealthCare System to make a biweekly payroll deduction from each of my paychecks for the purpose, amount and date specified above. I understand this payroll deduction is consider a continuous donation until I elect to stop the deduction.

Date

Name

Employee ID

Department

Birthday

Home Address

City/State/Zip

Signature

Recommended by



*Scan and email to
rebekah.ayscue
@atriumhealth.org
or send through
intercampus mail to
Rebekah Ayscue –
Foundation.*