

# Stanly Health Foundation Payroll Deduction Authorization

Per payroll deduction amount: \$ \_\_\_\_\_

Account name: Stanly Health Foundation

Account number: #2170030

Beginning date: \_\_\_\_\_

I hereby authorize Atrium Health 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 considered a continuous donation until I elect to stop the deduction.

\_\_\_\_\_ Date

\_\_\_\_\_ Name

\_\_\_\_\_ Employee ID

\_\_\_\_\_ Department

\_\_\_\_\_ Birthday

\_\_\_\_\_ Home Address

\_\_\_\_\_ City/State/Zip

\_\_\_\_\_ Signature

\_\_\_\_\_ Recommended by



*Please complete this form,  
scan and email to:  
[Kimberly.mcgowen@atriumhealth.org](mailto:Kimberly.mcgowen@atriumhealth.org)*

*Thank you for making such a big  
difference in the health of our  
community every day!*