



Voluntary Donation(s) Payroll Deduction Authorization



Payroll Deduction for One Time Donation

This is to be a **one time donation** to the Silverado Associate Support Fund to help fellow associates in need.

One Time Donation

\$ _____

Payroll Deduction for Ongoing Donations

I voluntarily give my permission to let my employer begin an **ongoing payroll deduction** in the amount and effective date below. This is to be a donation to the Silverado Associate Support Fund to help fellow Silverado associates within all Silverado affiliations.

\$ _____ Per Paycheck

Effective Date: ____/____/____
(MM/DD/YYYY)

I understand that this deduction will remain in effect until I give written notice to L-Benefits@silverado.com to discontinue it. When that notice has been received, the deduction will stop the next available pay period.

Print Name: _____

Signature: _____

Associate ID#: _____

Community/Office Name: _____

Associate contributions including payroll deductions made to the Associate Support Fund will be distributed to Silverado Associates across the organization according to the Silverado Associate Support Fund policy.

Submit completed form to L-Benefits@silverado.com

