

## **IH Cares – Team Member Assistance Fund**

## **VOLUNTARY PAYROLL DEDUCTION AUTHORIZATION**

This form is limited to setting up or changing voluntary payroll deductions for contributions to the Island Hospitality Team Member Assistance Fund. This form <u>cannot</u> be used to set up a direct deposit to a bank or credit union or 401(k). These monies will only be used to fund my fellow Team Member's needs.

	-	ition Box below befor n delay processing.	re completi	ing. Please print	or type and en	sure all information	is provided as
Last Name		Firs	First Name		Middle Name		lotel/Location
1.	. Type of Action Select one voluntary authorization per form.						
	A.	New Voluntary F (Bi-Weekly):	PAYROLL DE □ \$2	EDUCTION \$5	□ Other	\$	
	B.	B. CHANGE EXISTING VOLUNTARY PAYROLL DEDUCTION DEDUCTION AMOUNT: From: \$ To: \$					
			Ċ	urrent Amount	Nev	w Amount	
	C. CANCEL EXISTING VOLUNTARY DEDUCTION						
							Deduction Amount
2.	AUTHORIZATION: I hereby authorize Island Hospitality Management to:						
	Initial One						
	ded I un or d can	duct from each of my bi-valuctions to the fund name anderstand this authorizate canceling this authorizations are my previous authorizations.	ed above with ion shall remon. These fu	hout any liability to ain in effect until l nds will only be us	Island Hospitality submit a new Volued to support my f	Management. Intary Deduction Author	ization form changing
	pay	roll calendar.				Month	Year
•							
			Sigr	nature			Date (MM/DD/YY)
3.	FORWARD	COMPLETED FORM	TO:	Isla	nd Hospitality Pa	avroll Department	

payrollfaxes@ih-corp.com