

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.

	-	ntion Box below be n delay processing.	•	eting. Please pi	rint or ty	pe and ensure al	l information is _l	orovided as	
Last Name			First Name		Middle Name		Hote	Hotel/Location	
1.	TYPE OF ACTION Select one voluntary authorization per form.								
	Α.	NEW VOLUNTAR (Weekly):	Y PAYROLL I □ \$2	DEDUCTION ☐ \$5		Other \$			
	В.	CHANGE EXISTIN DEDUCTION AMOUN		RY PAYROLL D		N To: \$			
				Current Amount		New Amoun	t		
	C.	CANCEL EXISTIN	IG VOLUNTA	RY DEDUCTION					
							D	eduction Amount	
2.	AUTHORIZATION: I hereby authorize Island Hospitality Management to:								
	Initial One								
	to t I ur	duct from each of my the fund named abovenderstand this authorized anceling this authorized	e without any zation shall re	liability to Island I emain in effect un	Hospitality til I submi	/ Management. It a new Voluntary De	eduction Authorizat	ion form changing	
	cancel my previous authorization to the fund named above effective with the payroll calendar.								
	μa	yron calendar.					Month	Year	
			S	ignature			 Date	e (MM/DD/YY)	
3. FORWARD COMPLETED FORM TO: Island Hospitality Payroll De payrollfaxes@ih-corp.com							epartment		

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