

SEFA PLEDGE AND PAYROLL DEDUCTION AUTHORIZATION



PRINT NAME NYS EMPLID
 AGENCY NAME DEPARTMENT ID
 AGENCY ADDRESS FCC CODE

CONTRIBUTION METHOD AND AMOUNT

A. PAYROLL DEDUCTION \$30 \$20 \$15 \$10 \$5 \$2 Other: X #pay periods = \$ Annual Payroll Deduction

B. CHECK (Make payable to SEFA) \$

C. TOTAL CONTRIBUTION (Add A and B) \$

I hereby authorize the State Comptroller to deduct from each paycheck the amount designated above during the year 2018.

I understand that I may revoke or modify this authorization at any time by providing a written request to my agency payroll office.

Signature Date

Part I: State Agency

SEFA PLEDGE AND PAYROLL DEDUCTION AUTHORIZATION

PRINT NAME NYS EMPLID
 AGENCY NAME DEPARTMENT ID
 AGENCY ADDRESS DAYTIME PHONE #
 AGENCY ZIP CODE FCC CODE

CONTRIBUTION METHOD AND AMOUNT

A. PAYROLL DEDUCTION \$

B. CHECK (Make payable to SEFA & attach) \$

C. TOTAL CONTRIBUTION (Add A and B) \$

DESIGNATING YOUR GIFT

To designate your gift, find the charity number in the SEFA brochure or by going to www.sefanys.org. Fill in below along with the total amount of your designation. Be sure to include the five digit charity code with the two or three (statewide) digit community code.

SEFA Charity #	Total \$ Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Optional: I authorize the release of my name, home mailing or personal email address and amount of my gift to the organization(s) I have designated so they may acknowledge my donation.

Home or Email Address
 City State: NY Zip Code

If you decide not to designate your gift to a specific charity, leave the above section blank. Your contribution will be distributed to all charities in your region that received designations.

Total Designated:

Part II: SEFA

SEFA PLEDGE AND PAYROLL DEDUCTION AUTHORIZATION



NAME
 TOTAL CONTRIBUTION \$

DESIGNATING YOUR GIFT

SEFA Charity #	Total \$ Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

METHOD OF PAYMENT Payroll Deduction Check Check #

Part III: Keep For Your Records