

Change/Stop Payroll Deduction Form

Donor Information (please print)

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Position/Title		
_____ Address		
_____ City	_____ State	_____ ZIP Code
_____ E-mail Address	_____ Phone Number	
_____ HCA Facility Name (if applicable)	_____ Facility City and State	

Payroll Deduction Change

I currently have a payroll deduction of \$_____ per paycheck for the Hope Fund. I would like to request that my payroll deduction change to \$_____ per paycheck. I understand that this payroll deduction continues until I complete a change/stop form.

Payroll Deduction Stop

I currently have a payroll deduction of \$_____ per paycheck for the Hope Fund. I would like to request that my payroll deduction stop.

I understand it may take up to two payroll cycles for this change or stop to occur.

Signature Date

Please give this request to your facility HR Department for processing at the Payroll Service Center.

