



Stakeholder Payroll Deduction Authorization Form

Stakeholder Name: _____ Facility: _____

- I am a new hire who wishes to take the following action for the Compassion Fund:
- I am an already-employed stakeholder who wishes to take the following action for the Compassion Fund:

- I wish to enroll in automatic payroll deductions for donations to the Compassion Fund, Inc., a 501(c)(3) tax exempt organization, in the amount set forth below:

Amount of Deduction Per Pay Period (Initial next to desired item)

_____ \$30 _____ \$20 _____ \$15 _____ \$10
_____ \$5 _____ \$2 _____ \$1 _____ Other (\$ _____)

- I am currently enrolled in automatic payroll deductions for donations to the Compassion Fund, Inc. and wish to discontinue my contributions.

By signing below, I authorize Signature Payroll Services, LLC to make the above specified changes from the wages due to me for each payroll period from the date of this authorization. I understand also that it may take up to a full payroll period for changes I make via the form to take effect. A facsimile or electronic submission of this form shall have the same validity as the original.

Signature: _____ Date: _____

This form is to be used for **ALL STAKEHOLDERS** wishing to either initially sign up for, or to make changes to their enrollment levels in, the Compassion Fund throughout the year.

Stakeholders participating in the SHC Benefits program can **ALSO** either elect to contribute, or change their contribution levels, online during **OPEN ENROLLMENT** which takes place annually on select dates in November.

Please fax completed forms to **(502) 568-7144**
or email to shc-payrolldepartment@signaturehealthcarellc.com
Questions? Email us at cfund@thecompassionfund.org

The Compassion Fund, 12201 Bluegrass Parkway, Louisville KY 40299