



## Archway Programs' Employee Crisis Program

1. I authorize Archway Programs to deduct \$\_\_\_\_\_ from my paycheck to contribute to the Employee Crisis Program. I understand that this amount will be deducted from each paycheck effective immediately and will remain in effect until I choose to change or stop it.

OR

2. I authorize Archway Programs to take a one-time deduction of \$\_\_\_\_\_ from my paycheck to contribute to the Employee Crisis Program.

OR

3. I wish to stop my payroll contribution into the Employee Crisis Program as soon as possible. I understand that any amount already deducted from my paycheck will not be refunded to me.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this form to Human Resources once completed ([HR@archwayprograms.org](mailto:HR@archwayprograms.org)).