



CORNERSTONE FOUNDATION

Payroll Deduction Authorization Form

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Plano, TX 75024 Phone: 972-832-0582
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EMPLOYEE INFORMATION

Name:

Credit Union/Organization:

Department:

Address:

Zip:

Email:

☐ Initiate Payroll Deduction ☐ Change Payroll Deduction ☐ Terminate Payroll Deduction

Signature:

Date:

I, _____ hereby authorize _____ to deduct
(Employee's name) (Employer)

from my wages to support the Cornerstone Credit Union Foundation.

Please deduct _____ from each payroll period, beginning next payroll date or as soon as
administratively possible.

Please designate my dollars to the:

_____ Development Fund _____ SCMS Fund _____ Disaster Relief Fund

Please cancel my authorization for payroll deduction effective _____.
Date

Please indicate where you wish to receive thank you correspondence:

_____ Credit Union

_____ Home (Please provide home address)

Address _____ Zip _____

*We sincerely thank you for your support! Your contribution provides resources for financial wellness initiatives,
credit union development grant assistance, and disaster relief for
credit union staff and volunteers.*