



6801 Parkwood Blvd., Suite 300
Plano, TX 75024 Phone: 972-832-0582
alutes@cornerstonefoundation.coop

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.