



**PAYROLL DEDUCTION AUTHORIZATION FORM**

GMS Family Fund, Inc. (the “Family Fund”) is a 501(c)(3) charity that was established to provide financial assistance to eligible employees in times of crisis.

For employees who would like to participate in the Family Fund’s charitable efforts by making a tax deductible donation, we offer the option of contributing through either a one-time or ongoing payroll deduction. We welcome participation at any level.

The employee contributions will be distributed 100% into the Family Fund, and are tax-deductible. For your convenience, a tax deduction notification will be included on your W-2 each year.

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I hereby authorize my employer, \_\_\_\_\_ (the “Company”), to do the following *(Please select one of the options below)*:

\_\_\_\_\_ Make a single deduction from my wages in the amount of \$ \_\_\_\_\_ (whole dollar amounts only) and contribute such funds to GMS Family Fund, Inc. *(Single deductions will be processed within one month of the submission of this form.)*

\_\_\_\_\_ Make ongoing deductions from my wages in the amount of \$ \_\_\_\_\_ (whole dollar amounts only) per pay month and contribute such funds to GMS Family Fund, Inc. *(Monthly deductions will be made from the second paycheck of each month.)*

**(IL EMPLOYEES ONLY: Payroll deductions authorized on this form are effective through the end of the calendar year in which the form is executed and must be renewed each year.)**

\_\_\_\_\_ Suspend all current deductions from my wages that are being contributed to GMS Family Fund, Inc. *(Suspensions will be processed upon submission of this form.)*

I understand that the above-referenced wage deductions are made as a voluntary charitable contribution and will be identified on my pay stubs. I further understand that contributions to the Family Fund are not a condition of my employment and that the Company is not permitted to make any deductions which reduce my rate of pay below the minimum wage for any pay period. If I have any questions about any deductions from my pay or believe improper deductions have been made, I understand that I must report my concern to the Human Resources department immediately (so the Company may correct any errors and pay me all wages for which I am entitled).

*By signing this authorization, I agree to the terms set forth above and represent that this authorization was entered into freely and voluntarily. I also understand and acknowledge that I may revoke my authorization of payroll deductions at any time by submitting this form or a written letter to the Human Resources Department.*

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_

**PLEASE SUBMIT COMPLETED FORMS VIA EMAIL OR FAX TO:  
familyfund@gms.com (Email) OR 1- (866) 422-3956 (Fax)**