

NEW YORK STATE EMPLOYEE FEDERATED APPEAL PLEDGE AND PAYROLL DEDUCTION AUTHORIZATION



Part I: State Agency Copy

Your Name _____

Last 4 digits Social Security Number ____ _

Federate Code 871

MY CONTRIBUTION METHOD:

A. Payroll Deduction

\$20 \$15 \$10 \$5 \$3 Other \$: _____ x _____ = \$ _____
Pay Periods Per Years Annual Payroll Deduction

Calendar Year

I hereby authorize the State Comptroller to deduct from each paycheck the amount indicated above during the year **2010**

B. Cash (attach) \$ _____

C. Check (Make payable to SEFA and attach) \$ _____

TOTAL CONTRIBUTION (Add A, B, and C) \$ _____
TOTAL GIFT

I understand that I may revoke or modify this authorization at any time by providing a written request to my agency payroll office.

Signature _____

Date _____

WHERE DO YOU WANT YOUR GIFT TO GO?

Part II: SEFA Headquarters Copy

Your Name _____

State Agency Code 28210 Federated Fund Code 871

Your Daytime Phone _____

CONTRIBUTION METHOD AND AMOUNT:

A. Payroll Deduction \$ _____

I hereby authorize the State Comptroller to deduct from each paycheck the amount indicated above during the year **2010**

B. Cash \$ _____

C. Check \$ _____

TOTAL CONTRIBUTION (Add A, B, and C) \$ _____
TOTAL GIFT

You may designate your gift to any SEFA agency, federation, or community (F.C.C.) Undesignated gifts will be distributed by our local SEFA committee in accordance with state regulations.
See codes in the brochure. Indicate below.

Code #	ANNUAL \$ AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Part III: Keep for Your Records

Name _____

Total Gift \$ _____ Payroll Deduction _____ Check _____ Cash _____

