Greater West Texas 35

SECC Authorization Form

Print Form

Name (Prefix) Last First MI

State Agency Name **AND** Number

Employee ID Number

Dept. / Unit # / Facility / Location

Work Phone

County

E-mail Address

SECC Coordinator's Name

SECC Coordinator's Phone

RECOGNITION & ACKNOWLEDGEMENT OPTIONS ... please select one of the options below:

Reset Options

NOTE: The names of leadership-level donors will be publicized annually by the SECC, unless the 'DO NOT ACKNOWLEDGE' option is selected below.

- ○ **DO NOT ACKNOWLEDGE** my gift, either in writing or with any form of personalized recognition/thanks.
- ○ I request acknowledgement of my gift **via EMAIL** ... *(to honor this request, your email address must be furnished — above)*
- ○ I request acknowledgement of my gift **via MAIL** ... *(to honor this request, your home mailing address must be furnished — below)*

Home Mailing Address City Zip

HOW I WISH TO DISTRIBUTE MY GIFT ... minimum donation per charitable group is $2:

Reset Options

DESIGNATED GIFTS: **EACH CHARITY HAS A SIX-DIGIT CODE;** the first two digits correspond to its charitable group. To designate one or more charities or federated groups that appear in the directory provided, fill in the charity or federation six-digit identification number(s) and dollar amount(s).

VERY IMPORTANT: The total of all GROUP SUBTOTAL boxes below (#1 + #2 + #3) must equal the amount in *either* TOTAL MONTHLY GIFT *or* TOTAL ONE-TIME GIFT.

first two digits of all charities within this group must match

first two digits must match

Charity Code	Gift Amount
	$
	$
	$

GROUP SUBTOTAL #1 = $ 0.00

first two digits of all charities within this group must match

first two digits must match

Charity Code	Gift Amount
	$
	$
	$

GROUP SUBTOTAL #2 = $ 0.00

first two digits of all charities within this group must match

first two digits must match

Charity Code	Gift Amount
	$
	$
	$

GROUP SUBTOTAL #3 = $ 0.00

PAYMENT OPTIONS ... please select one:

Reset Options

○ **PAYROLL DEDUCTION**
(complete authorization below)

TOTAL MONTHLY GIFT
(total of 3 Group Subtotals above)
$_____

X

PAY PERIODS PER YEAR
12

=

TOTAL ANNUAL GIFT
(Total Monthly Gift x 12 pay periods)
$_____

AUTHORIZATION FOR PAYROLL DEDUCTION — I voluntarily authorize this deduction from my after-tax wages for a charitable contribution as indicated above. I understand that the expiration date of this authorization depends upon my pay schedule (see back for details). I also understand that I may revoke this authorization at any time by giving my payroll office written notice per the Comptroller's rules. I agree to comply with the Comptroller's rules concerning this deduction. I have read and understand the "Distribution of Your Contribution" information on the back of this form.

December 1, 2014

** (Enter "12-01-current year" unless this form is being completed by a new employee.)

Authorized Signature Today's Date Effective Date **

○ **ONE-TIME GIFT** (CASH or CHECK) ... attach; make check payable to STATE EMPLOYEE CHARITABLE CAMPAIGN.

TOTAL ONE-TIME GIFT
(total of 3 Group Subtotals above)
$_____