

CHARITY DEDUCTION AUTHORIZATION

PLEASE PRINT LEGIBLY IN INK

New Enrollment

Hourly

Change

Salary

Cancel

CISCO	SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME	MIDDLE INITIAL
HOME ZIP CODE (REQUIRED)	DEPARTMENT / SHIFT		PLANT / FACILITY / ACTIVITY	

E-MAIL ADDRESS (IF AVAILABLE; FOR RECEIPT OF ELECTRONIC CONFIRMATION DURING ANNUAL CAMPAIGN, ONLY)

CHARITY ELECTION (SEE ADDITIONAL INSTRUCTIONS BELOW FOR FURTHER INFORMATION)

CHARITY CODE	CHARITY NAME
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CHECK ONE DEDUCTION METHOD BELOW: (SEE BELOW FOR FURTHER INFORMATION)

- FAIR SHARE** HOURLY EMPLOYEES: Deduct one hour of pay per month. SALARIED EMPLOYEES: Deduct 1% of base earnings each pay period.
- FAIR SHARE PLUS** \$ _____ Deduct Fair Share amount plus additional amount indicated **each** pay period.
- DEDUCT A FLAT SUM OF** \$ _____ **FROM MY EARNINGS EACH PAY PERIOD** - (Only option available for **salary** per diem employees)

SPECIAL OPTION AVAILABLE ONLY DURING ANNUAL CHARITABLE GIVING CAMPAIGN

- ONE TIME ONLY AMOUNT** \$ _____ **MINIMUM \$5.00, TO BE DEDUCTED FROM MID-NOVEMBER PAY**

I hereby voluntarily authorize General Motors to deduct from my earnings each pay period, the amount indicated above, starting with the next available pay period and to remit such amount to the Charity Organization indicated above. I understand that this authorization shall remain in effect until modified/revoked by me in writing.

EMPLOYEE SIGNATURE: _____ **DATE:** _____
(REQUIRED)

I authorize GM to release my name and/or address to the charity designated above, for possible use by the charity in recognition programs.

- YES**
 No

Additional Instructions

- The **Charity Code and Charity Name Listing** is available in the Common eForms/Library on Socrates, Charity Organization Code List or your local personnel representative or campaign coordinator.
- When enrolled in the Fair Share option, your per pay contribution will change as your rate of pay changes.
- Charity Deductions will continue until cancelled by you in writing.
- For new pledges after the annual campaign, the first deduction shall be made commencing with the first available pay period following the signing of this pledge.

ANY FURTHER QUESTIONS SHOULD BE DIRECTED TO YOUR LOCAL PERSONNEL REPRESENTATIVE OR LOCAL CAMPAIGN COORDINATOR.

MAIL COMPLETED FORMS TO:

ACS PROCESSING CENTER

Mail Code: 799-ACS-100 • 6 E Founders Boulevard • El Paso, TX 79906