GROUP PAYROLL DEDUCTION AUTHORIZATION FORM

Please Print:

Name: ________________________________________________________

Colorado Society of Anesthesiologists PAC ________ (maximum annual: $550)
Colorado Society of Anesthesiologists Small Donor Committee ________ (maximum annual: $50)

*You are encouraged to donate to the ASA PAC via their website

Please check one:

_____ I authorize __________________________ to deduct from my pay, at the first full pay period commencing not earlier than seven full days from the date this authorization is received by the Company, the contributions to the Colorado Society of Anesthesiologists PAC and the Colorado Society of Anesthesiologists Small Donor Committee entered above. I direct that the sum so deducted be paid over to the Colorado Society of Anesthesiologists PAC and the Colorado Society of Anesthesiologists Small Donor Committee.

_____ I authorize __________________________ to deduct from my pay, starting with the first full pay period commencing not earlier than seven full days from the date this authorization is received by the Company, the contributions to the Colorado Society of Anesthesiologists PAC and the Colorado Society of Anesthesiologists Small Donor Committee entered above in divided payments in the amount of $___________ per pay period, and I direct that the sum so deducted be paid over to the Colorado Society of Anesthesiologists PAC, the Colorado Society of Anesthesiologists Small Donor Committee, and the American Society of Anesthesiologists PAC.

The above deduction authorization shall continue until either revoked by me through written notice to ________________________________ or my termination of employment. These payroll deductions are after-tax and, accordingly, will have no effect on the amount of FICA, FIT and SIT withheld from pay.

Employee’s Signature: ___________________________________________

Date: ____________________

Please return your completed form to your practice manager.