



## Voluntary Payroll Deduction Form

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Last Name

First Name

Middle Initial

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Facility Name

Job Title

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Home Address

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Email Address

Phone Number

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*I wish to support the Legacy Cares Fund through Legacy Senior Living. I understand that the payroll deduction I select below will remain in effect until I change or cancel my deduction with an updated Payroll Deduction Form or separation of employment.*

I authorize the following payroll deduction:

Ongoing payroll deduction of: \$ \_\_\_\_\_ every pay period.

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*By selecting below, I understand that any payroll deduction that I have previously signed up for will be cancelled.*

I wish to cancel my current payroll deduction

*\* It may take up to 2 pay periods for the cancellation to take effect*

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Signature

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Date