

Rombi Wrestling Foundation

Educating Through Athletics

PO Box 485

Columbia Falls MT 59912

Employer Pay Roll Deduction Sign up form

Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deduction Effective Date \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

-EIN # 47-3820430

-Routing Number 292978005

-Account Number 0000800863

Bi Weekly \_\_\_\_\_\_\_\_\_.00

Monthly \_\_\_\_\_\_\_\_\_\_.00

Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that my gross pay will be reduced by the amount of my deduction as checked and indicated above. In the event of a deduction change during the year, my employer is authorized to deduct the new amount from my pay.

In the event a new Employee Deduction Authorization Form is not executed on or before the next year-end, this form shall be deemed to continue in force for the next succeeding year.