



Voluntary Payroll Deduction Authorization Form for contribution to The Schmidt Family Restaurant Group Employee Assistance STAR Fund 501 (c)(3)

Personal and Confidential

Employee Name: _____

Employee Address: _____
Home Address Apt/Unit#

City State Zip

Employee Phone: _____

Last 4 of Social: _____

Today's Date: _____

Effective Date for Deduction: _____

Amount Per Pay Period: \$ _____

Or

Fixed One Time Donation: \$ _____

I hereby authorize Schmidt Family Restaurant Group to make the above deduction(s) from my pay for remittance to Schmidt Family Restaurant Group Employee Assistance Star Fund 501 (c)(3). I understand and agree that this voluntary charitable donation shall remain in effect until the end of my employment or I give written notification to cancel the deduction. I further understand and agree that deductions will be made after any federal or state requirements.

Employee Signature: _____ Date: _____

Please return this form via email to Payroll@schmidtgroup.us.

The Schmidt Family Restaurant Group Employee Assistance STAR Fund is a nonprofit 501 (C) (3). You will receive a year-end statement showing your total contribution for the year and that will serve as your tax donation receipt. 100% of your contributions will go to support Schmidt Family Restaurant Group Employees under the Employee Assistance STAR Program.