



**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](mailto: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.**