

United Way Deduction Enrollment/Change Form (#2289)

INSTRUCTIONS: Please print this document, legibly complete, sign and forward to your local TWOS Coordinator.

EMPLOYEE NAME: _____
(Given First Name) (M.I.) (Last Name)

SOCIAL SECURITY NUMBER _____

I DIRECT MY UNITED WAY CONTRIBUTION PER PAY TO BE: _____

CANCEL MY UNITED WAY CONTRIBUTION (CONFIRM WITH "YES"): _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

****PLEASE NOTE:**

- United Way changes on this form will take a few pay periods to process.
- United Way changes on this form will only affect current year deductions.
- United Way changes made during the annual United Way campaign are effective the first pay period of the next calendar year and will override any change made on this form.

2289

Aug. 2008 – Previous editions MAY NOT be used