

	New
	In addition to current deduction
	Replaces current deduction
	Cancellation

**Vanderbilt University Medical Center
Faculty/Staff Hardship Fund
Payroll Deduction Form**

Authorization Agreement

I hereby authorize Vanderbilt University Medical Center Faculty/Staff Hardship Fund to initiate a payroll deduction for a contribution. This agreement will remain in effect until Vanderbilt University Medical Center Faculty/Staff Hardship Fund receives a written notice of cancellation, until I submit a change form, or until my employment terminates.

Employee Information and Signature

EmployeeID: _____

Name: _____

Address/City/State/Zip: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

Donation Amount and Duration

Will your donation be a one-time donation or recurrent donation?

☐ One-time Amount of one-time donation: \$ _____☐ Recurrent Amount per month: \$ _____

Number of months: _____

Mail to:
Work/Life Connections EAP
1211 21st Avenue South
Medical Arts Building, Suite 010
Nashville, TN 37212
Questions? (615) 936-1327 or worklife.connections@vumc.org

Thank you for your caring support of
Vanderbilt University Medical Center Faculty/ Staff
Hardship Fund.