



PAYROLL DEDUCTION AUTHORIZATION FORM

1. MY INFORMATION

First _____ MI _____ Last _____

Home Address _____ City/Zip _____

Telephone _____

Preferred E-mail _____

Signature _____ Date _____

2. MY CONTRIBUTION

Payroll Deduction: I authorize my employer, **Charlotte County Airport Authority**, to deduct \$ _____ per pay period for 24 pay periods, for a total of \$ _____.

**** 24 pay periods starting 3/1/24 & ending 2/28/25 ****

Thank You for Your Contribution!

100% OF THE CONTRIBUTIONS RECEIVED ARE RETAINED BY THE UNITED WAY OF CHARLOTTE COUNTY, WHICH IS REGISTERED WITH THE FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES, #CH-226. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-435 -7352 WITHIN THE STATE REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE

INFO AT WWW.FLYPGD.COM/UNITEDWAY