

Change/Stop Payroll Deduction Form

Your HCA Facility Name

HCA 3-4 User I.D. <i>(Required)</i>						

Last 4 digits of Social Security Number <i>(Optional)</i>			

My Information

Title	First Name	M.I.	Last Name	Suffix
Home Phone		Work Phone		
Home Street Address/Apt. #				
City		State	ZIP Code	
Title/Position			E-Mail	

Payroll Deduction Change

- I currently have a payroll deduction of \$ _____ per paycheck for:
- The Hope Fund: Please change to \$ _____ per paycheck.
 - United Way: Please change to \$ _____ per paycheck.

I understand that this payroll deduction continues until I complete a change/stop form.

Payroll Deduction Stop

- I currently have a payroll deduction of \$ _____ per paycheck for:
- The Hope Fund
 - United Way

I would like to request that my payroll deduction stop.

I understand that it may take approximately one month for this change or stop to occur.

Note: Your change may be processed more quickly by editing your donation online at www.easymatch.com/hcahope.
(Middle-Tennessee facilities, please use www.easymatch.com/hcacares.)

Signature Date

Fax this form to HCA Community Relations at **877-687-3968**.

