

# NYC Transit Charitable Deduction Request Form



## Section 1 – Information and Instructions

The purpose of this form is to establish, change, or cancel a voluntary payroll deduction to a charitable organization. Your contribution is tax-deductible. Please allow two pay periods for your request to be processed.

**Note: This form is to be used by employees of NYCT, MaBSTOA, and SIR only.** Employees on the payroll of MTA Headquarters and all other MTA agencies should complete FIN-PAY-600 and submit it to the Business Service Center.

Please send a signed copy of the form to NYCT Office of the Controller, Payroll Control Group, 2 Broadway, 15<sup>th</sup> Floor, New York, NY 10004. For assistance call 646-252-6428.

## Section 2 - Employee Information - Please complete the entire section. All information is required to properly process your payroll charity deduction(s).

Please note: Full name is required (as it appears on your paycheck).

Print Name	Last	First	M.I.	Suffix	BSC ID
Payroll	<input type="checkbox"/> NYC Transit	<input type="checkbox"/> MaBSTOA	<input type="checkbox"/> SIR		Pass No.

## Section 3 - Deduction Information - Please specify details of deduction request for each charity.

The minimum donation per charity is one dollar (\$1.00) and all contributions must be in increments of \$1.00. Total donations must be a minimum of \$2.00 per check. Each employee may select a maximum of five (5) charities for donation.

<b>TWU Local 100 Widows &amp; Orphans Fund</b>	<input type="checkbox"/> <b>Establish Deduction</b> Amount per pay period \$ _____	<input type="checkbox"/> <b>Change Deduction</b> From \$ _____ To \$ _____
<b>The Bob Woodruff Foundation</b>	<input type="checkbox"/> <b>Establish Deduction</b> Amount per pay period \$ _____	<input type="checkbox"/> <b>Change Deduction</b> From \$ _____ To \$ _____
<b>Semper Fi Fund</b>	<input type="checkbox"/> <b>Establish Deduction</b> Amount per pay period \$ _____	<input type="checkbox"/> <b>Change Deduction</b> From \$ _____ To \$ _____
<b>Puppies Behind Bars</b> (Funds will be designated to the "Dog Tags" program.)	<input type="checkbox"/> <b>Establish Deduction</b> Amount per pay period \$ _____	<input type="checkbox"/> <b>Change Deduction</b> From \$ _____ To \$ _____
<b>Long Beach Waterfront Warriors</b>	<input type="checkbox"/> <b>Establish Deduction</b> Amount per pay period \$ _____	<input type="checkbox"/> <b>Change Deduction</b> From \$ _____ To \$ _____
<b>MTA Disaster Relief Fund</b>	<input type="checkbox"/> <b>Establish Deduction</b> Amount per pay period \$ _____	<input type="checkbox"/> <b>Change Deduction</b> From \$ _____ To \$ _____
<b>United Way of New York</b>	<input type="checkbox"/> <b>Establish Deduction</b> Amount per pay period \$ _____	<input type="checkbox"/> <b>Change Deduction</b> From \$ _____ To \$ _____
<b>Friends of the Transit Museum</b>	<input type="checkbox"/> <b>Establish Deduction</b> Amount per pay period \$ _____	<input type="checkbox"/> <b>Change Deduction</b> From \$ _____ To \$ _____
<b>Breast Cancer Research Foundation</b>	<input type="checkbox"/> <b>Establish Deduction</b> Amount per pay period \$ _____	<input type="checkbox"/> <b>Change Deduction</b> From \$ _____ To \$ _____

PLEASE SIGN AUTHORIZATION ON PAGE 2 BEFORE SUBMISSION

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## Section 4 – Authorization

All forms must be signed and dated by the employee to be accepted. By signing the application, the employee authorizes NYCT/BSC to deduct from his/her paycheck the amount(s) indicated on the application each pay period.

*I hereby request that a voluntary deduction be established, changed or cancelled as designated above. I understand that if the action requested is an establishment of a voluntary deduction or a change in the amount currently being deducted, I am authorizing the designated amount to be deducted from my paycheck.*

*I understand that deductions will continue as specified above until I submit a new form indicating the appropriate changes to the Office of the Controller, Payroll Control Group.*

Employee Signature	SSN Last 4 Digits	Date
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**THANK YOU FOR YOUR DONATION**