



Uniting the Teleservices Industry for Political Activism

Payroll Deduction Authorization & Information Form for Companies
Please Return to the ATA

Company Name

Street Address

City

State

Zip Code

Payroll Deduction Contact

Payroll Deduction Contact Phone #

Email Address

Payroll Deduction Schedule (circle one)

Bi-Monthly

Monthly

Other _____

Date of next payday: _____

Authorizing Official:

Print Name

Signature

Date

Please return to Zachary Rice, zach@ataconnect.org or 317.218.0323 fax.