1440 FUND

Employee Deduction Authorization Form

As an Employee First company, we understand that emergencies by nature are unexpected and can cause a tremendous financial burden on our employees. With this in mind, we have sponsored an impactful way for employees to help themselves and each other during times of unforeseen hardship.

Date			
Full Legal Name			
Company			
Location			
Deduction Amount		Biweekly deduction ☐	One-time deduction ☐

Please note: Deductions will be post-tax and will be withheld each paycheck. The minimum amount of a per paycheck deduction is $1.

My signature below authorizes CSIG to reduce my pay by the amount noted on this Employee Deduction Authorization Form. Furthermore, I understand it may take two (2) pay periods for any changes to reflect in payroll and it is my responsibility to communicate any changes in writing to CSIG HR.

Employee Signature:

Please submit the completed form to HR@csig.com

Internal Use Only

Processed By: Date:

For more information about the 1440 Fund, Visit 1440fund.com, connect with your Leader or email: 1440_hardship@Csig.com.