



# PAYROLL DEDUCTION FORM

To begin a payroll deduction to support the ECB Partner Assistance Fund, please complete the form below and email to [partnerassistancefund@ecbarton.com](mailto:partnerassistancefund@ecbarton.com).

<b>Partner Information</b>	Partner ID Number	Location
First and Last Name		Home Phone
Street Address, City, State, Zip		
<p><b>Donation</b></p> <p><b>Please mark the appropriate designation:</b></p> <p> <input type="radio"/> New Sign Up                              <input type="radio"/> Change to Existing Contribution                              <input type="radio"/> Cancellation of Contribution       </p> <p>I would like to authorize a deduction of \$ _____ per pay period to support the ECB Partner Assistance Fund.</p> <p style="text-align: center;"><i>(To request a one-time payroll deduction, please contact <a href="mailto:partnerassistancefund@ecbarton.com">partnerassistancefund@ecbarton.com</a>)</i></p>		
I understand this contribution will continue until I notify E.C. Barton & Company Payroll Department in writing of my intent to change or cancel my deduction.		
Signature: _____		Date: _____
For Payroll Use: Entered ____/____/____ by _____		
<p><b>For a one-time donation, please mail a check made payable to ECB Partner Assistance Fund to:</b></p> <p style="text-align: center;">           ECB Partner Assistance Fund            P.O. Box 16360            Jonesboro, AR 72403-6705         </p>		

### What My Donation Could Look Like Each Pay Period

Total Donation	Split over 52 pay periods	Split over 24 pay periods	Total Donation	Split over 52 pay periods	Split over 24 pay periods
\$25	\$ .48	\$1.04	\$300	\$5.76	\$12.50
\$50	\$ .96	\$2.08	\$350	\$6.73	\$14.58
\$75	\$1.44	\$3.12	\$400	\$7.69	\$16.67
\$100	\$1.92	\$4.16	\$450	\$8.65	\$18.75
\$150	\$2.88	\$6.25	\$500	\$9.61	\$20.83
\$200	\$3.48	\$8.34	\$750	\$14.42	\$31.25
\$250	\$4.80	\$10.42	\$1000	\$19.23	\$41.66