

HER Foundation Authorization Agreement



The information requested on this form is required for enrollment in the HER Foundation Direct Deposit Program. Please specify an amount and frequency for the deduction you wish. If you have any questions, please contact Accounting at (614) 273-8551.

"To strengthen our communities by giving support to families and individuals in need"

I hereby authorize HER, LLC to deduct the following amount(s) and frequencies from the designated pay entity. Said deduction will continue until further notice in writing of my change.

Agent/Employee Name: _____

Signature: _____ Date: _____

Amount to be Deducted: \$ _____

Frequency of Deduction: _____ per closing

_____ per pay period

_____ per month

One time deduction of: \$ _____