

MTA Charitable Deduction Request Form

FIN-PAY-600



Section 1 – Information and Instructions

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

Please email a signed copy of the form to bscservice@mtabsc.org or fax to 212-852-8700.

If you have any questions, please contact the Business Service Center (BSC) at 646-376-0123 or bscservice@mtabsc.org.

Note: This form is to be used by all except employees of New York City Transit (NYCT, MaBSTOA, SIR) and MTA Bus. Employees on the payroll of NYCT, MaBSTOA, and SIR must use the New York City Transit Charitable Deduction Request Form and submit it to the NYCT Office of the Controller, 2 Broadway. For assistance call 646-252-6428.

Section 2 - Employee Information

Print Name	Last First M.I. Suffix				BSC ID
Agency/Dept (that pays you)	<input type="checkbox"/> BSC	<input type="checkbox"/> B&T	<input type="checkbox"/> C&D	<input type="checkbox"/> HQ Civilian	Department
	<input type="checkbox"/> HQ Police	<input type="checkbox"/> LIRR	<input type="checkbox"/> MNR		
Street Address					
City			State	Zip Code	
Phone (H)		Phone (W)		Email	

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

The Bob Woodruff Foundation	<input type="checkbox"/> Establish Deduction Amount per pay period \$ _____	<input type="checkbox"/> Change Deduction From \$ _____ To \$ _____ <input type="checkbox"/> Cancel Deduction
Semper Fi Fund	<input type="checkbox"/> Establish Deduction Amount per pay period \$ _____	<input type="checkbox"/> Change Deduction From \$ _____ To \$ _____ <input type="checkbox"/> Cancel Deduction
Puppies Behind Bars (Funds will be designated to the "Dog Tags" program.)	<input type="checkbox"/> Establish Deduction Amount per pay period \$ _____	<input type="checkbox"/> Change Deduction From \$ _____ To \$ _____ <input type="checkbox"/> Cancel Deduction
Long Beach Waterfront Warriors	<input type="checkbox"/> Establish Deduction Amount per pay period \$ _____	<input type="checkbox"/> Change Deduction From \$ _____ To \$ _____ <input type="checkbox"/> Cancel Deduction
United Way of New York	<input type="checkbox"/> Establish Deduction Amount per pay period \$ _____	<input type="checkbox"/> Change Deduction From \$ _____ To \$ _____ <input type="checkbox"/> Cancel Deduction

PLEASE SIGN AUTHORIZATION ON PAGE 2 BEFORE SUBMISSION

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Section 4 - Authorization

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 and forwarded to the selected charitable organization(s), and I understand that the deduction will be processed within a minimum of two paychecks. If the action requested is stopping a deduction, I understand that cancellation will take place within a minimum of two paychecks.

I understand that deductions will continue as specified above until I submit a new form indicating the appropriate changes to the BSC.

Employee Signature

Date

THANK YOU FOR YOUR DONATION