



ECB Partner Assistance Fund Payroll Deduction Form

To begin a payroll deduction to support the ECB Partner Assistance Fund, please complete the form below and email to payroll@ecbarton.com.

Partner Information	Partner ID Number	Location
First and Last Name		Home Phone
Street Address, City, State, Zip		
<p>Donation</p> <p>Please mark the appropriate designation:</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 partnerassistancefund@ecbarton.com)</i></p>		
<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.</p> <p style="text-align: center;">Signature: _____ Date: _____</p>		
<p><i>For Payroll Use: Entered ___/___/___ by _____</i></p>		
<p>For a one-time donation, please mail a check made payable to ECB Partner Assistance Fund to:</p> <p>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