



**TEAM TACALA CHARITIES STAR FUND (THE FUND) PAYROLL  
CONTRIBUTION AUTHORIZATION FORM**

**Employee Name:** \_\_\_\_\_

**Last 4 Digits of Social Security #:** \_\_\_\_\_

**Store # or Location:** \_\_\_\_\_

**Bi-weekly Payroll Deduction Amount: \$** \_\_\_\_\_

By signing below, I authorize the above voluntary deduction from my bi-weekly payroll check.

I understand that these funds will be used to support the Team Tacala Charities Star Fund to provide monetary assistance to eligible employees for qualified hardships.

I authorize Tacala, LLC to deduct the above amount from my bi-weekly payroll on a post-tax basis starting with the first payroll check following the receipt of this authorization form.

I understand that this deduction will continue until changed or cancelled in writing.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_