



1415 Ross Avenue El Centro, CA 92243
P 760-482-5068 F- 760-482-5069

**ECRMC Employee Payroll Deduction
Pledge Change Form**

Employee Name _____

Employee Number _____

Department Name and Number _____

Please change my previous pledge amount of:

\$ _____ per pay period to \$ _____ per pay period

- Please calculate this new amount on an annual basis for 26 payments
- Please re-calculate this amount for the remaining amount of payments owed from my original pledge
- Please rollover and renew the above amount after 26 payments are completed or remaining payments are completed
- Do not automatically rollover and renew the above amount

OR

- Please stop my current payroll deduction of:
\$ _____ per pay period annually

Payroll deduction will be changed or stopped on the next payroll period in two to three weeks depending on date received.

Signature _____

Date _____

Thank you for your support!