

## **AUTHORIZATION FOR DEDUCTION FROM WAGES**

### **EMPLOYEE RELIEF FUND FIRSTSERVICE - EMERGENCY ASSISTANCE FOUNDATION, INC.**

We recognize that many of our employees face personal hardships on a daily basis. To help ease the stress for those employees, FirstService and its Family of Companies are offering a company-wide relief fund. Employees facing a personal hardship are able to apply for a financial gift through a third-party organization administering the fund. The purpose of this relief fund is to allow employees the opportunity to GIVE and RECEIVE in times of need. The relief fund relies primarily on individual donations from employees, like you, and support from our companies to fund this program. This is a wonderful way to embody our corporate values and to make a difference in each other's lives.

I hereby direct and authorize Interstate Restoration LLC to process post-tax payroll deductions from my paychecks to credit the FirstService Employee Relief Fund.

**NEW**       **CHANGE**       **CANCEL**

**Amount to Deduct from my earnings:**

each Pay Period \$ \_\_\_\_\_ one-time only \$ \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please forward your completed form to [HR@interstaterestoration.com](mailto:HR@interstaterestoration.com). Keep a copy for your records. This information will be placed in your corporate personnel file.

This update will take place on the next possible payroll processing.

-HR/Payroll Department