**Payroll Deduction Donation Authorization**

The Minions of Kindness Fund, Inc. or MOK Fund as we have become known is a public charity with the sole mission to assist WillScot Mobile Mini employees and their immediate family when life gets rough. We are an employee assistance fund managed by volunteer board members who receive no monetary compensation for their role. This ensures that your recurring bi-weekly payroll deduction donation will go to help your WillScot Mobile Mini family cope with those unique and dire circumstances life presents.

Thank you again for your support – Family helping Family matters!!!!!!

|  |  |
| --- | --- |
| **Employee Name**  |  |
| **Employee Number** |  |
| **Employee Home Address** |  |
| **City, State, Zip Code** |  |
| **Please mark appropriate box** | 🞏 Start new deduction🞏 Change deduction amount🞏 Stop deduction |
| **Dollar amount to be deducted each bi-weekly paycheck**  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.00 |
| **Employee Signature** | By signing below you are authorizing WillScot Mobile Mini to start a new deduction, change a deduction or stop a deduction as indicated above. You will need to submit a new Payroll Deduction Donation Authorization form if you wish to make any changes in the future. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee signature Date signed |
| **Disclosure of name as a donor (not amount of donation)** | 🞏 Yes, I am fine with disclosing my name (not amount) as a donor to the MoK Fund🞏 No, I would like to keep my name anonymous |
| **Instructions** | Submit your completed and signed form to: mokfund@gmail.com  |

**Important Note: Any new deductions, changes or stopping a deduction will become effective on the first pay date which falls at least 14 days after you have submitted this form.**

