**KEN LACHANCE COLLEAGUE EMERGENCY FUND**

**U.S. & CANADIAN PAYROLL DEDUCTION FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Colleague Name: |  |  | | Date: |  |
| Email Address: |  |  | Country: | |  |

Please check your election for contributions to the Fund:

Continuous payroll deductions in the amount of $      per pay period until I cancel (minimum of $1).

One-time payroll deduction in the amount of $      out of my next paycheck.

Cancel my current continuous payroll deduction.

By signing below, I authorize Convergint Technologies to process the above payroll election. I acknowledge that any changes may take up to one additional pay cycle to become effective. All funds shall be transferred directly to Ken LaChance Fund, Inc.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Colleague Signature |  | Date |

For questions regarding the Ken LaChance Colleague Emergency Fund program or completing this form, please email the CEF Program Administrator at [CEFrequest@convergint.com](mailto:CEFrequest@convergint.com).

Completed forms shall be submitted to CEF Program Administrator, One Commerce Drive, Schaumburg, IL 60173. The form may also be emailed to [CEFrequest@convergint.com](mailto:CEFrequest@convergint.com).

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