

Payroll Deduction Envelope



Please fill out envelope completely. DO NOT include cash/check pledges in this envelope.

Federal Organization/Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Department Keyworker Name: _____

Phone: _____ Email: _____

Department Coordinator Name: _____

Phone: _____ Email: _____

For Coordinator Use	For CFC Use Only
Total # of Payroll Pledges _____ Total Amt \$ _____	Total # of Pledge Cards _____ Total Amt \$ _____
CC Signature _____ Date _____	CFC Signature _____ Date _____
CFC Signature _____ Date _____	PCFO Signature _____ Date _____

MAKE A PHOTOCOPY OF THIS ENVELOPE FOR YOUR RECORDS.
PLEASE SEAL ENVELOPE UPON VERIFICATION OF CONTENTS WITH CFC OFFICIAL

Thank You!

Nexus Envelope Entry
Envelope # _____
Account # _____
Date _____ / _____ / _____
Initial _____

Nexus Data Entry
Envelope # _____
Account # _____
Date _____ / _____ / _____
Initial _____