

# Request for Establishment or Change of Voluntary Deduction to the National Air Traffic Controllers Association Charitable Foundation



Action Requested (please check one):	
<input type="checkbox"/> Establish Voluntary Deduction	<input type="checkbox"/> Change Amount Deducted
Amount to be Deducted (Bi-Weekly):	
<input type="checkbox"/> \$5	<input type="checkbox"/> \$10 <input type="checkbox"/> \$20 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50
<input type="checkbox"/> Other \$ _____	

**Payroll Office Code – 150**

### Privacy Act Statement

**Section 5525 of Title 5 United States Code** (Allotments and Assignments of Pay) permits Federal Agencies to collect this information. This completed form is used to request that NCF contributions be deducted from your pay check and to notify NATCA Charitable Foundation of the deduction. Completing this form is voluntary, but it may not be processed if all requested information is not provided.

**This record may be disclosed outside your agency to:** 1) The Department of the Treasury to make proper financial adjustments; 2) A Congressional office if you make an inquiry to that office related to this record; 3) A court or an appropriate Government agency if the Government is party to a legal suit; 4) An appropriate law enforcement agency if we become aware of a legal violation; 5) An organization which is a designated collection agent of a particular labor organization; and 6) Other Federal agencies for management, statistical and other official functions (without your personal identification).

**Executive Order 9397** allows Federal agencies to use the social security number (SSN) as an individual identifier to avoid confusion caused by employees with the same or similar names. Supplying your SSN is voluntary, but failure to provide it, when it issued as the employee identification number, may mean that payroll deductions cannot be processed.

I hereby authorize and direct the Federal Aviation Administration to deduct from my bi-weekly pay the amount indicated above and forward such amount to the National Air Traffic Controllers Association Charitable Foundation.

This authorization is voluntarily made on my specific understanding that: (1) the signing of this authorization and the making of these voluntary contributions are not conditions of membership in or employment by NATCA or NATCA Charitable Foundation; (2) I have the right to refuse to contribute without reprisal; (3) the amounts listed above are only suggestions and that I am free to contribute more, less, or not at all and I will not be favored or disadvantaged by reason of the amount of my contribution or my decision not to contribute; (4) the NATCA Charitable Foundation will use the voluntary contributions it receives for its mission purpose (5) NATCA Charitable Foundation is a 501(c)(3) non profit organization. Contributions are tax deductible to the extent allowed by law.

This voluntary deduction to contribute to the NATCA Charitable Foundation will remain in force until revoked by me in writing to the Payroll Liaison Staff of my associated regional office.

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

FAA Region: \_\_\_\_\_ Facility: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip+4: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

- Please use Black Ink -

**Mail or Fax completed form to NATCA Charitable Foundation**  
*A confirmation of receipt of this form to NCF will be sent to donor.*  
 8571 Sunset Court, Treasure Island, Florida 33706 – 727.360.1385 (phone/fax)

**Keep a Copy for Your Records**