The Giving Fund
Payroll Deduction Authorization

"By Team Members…For Team Members"

TM Name:
TM ID # :
Restaurant Location or Department (# and Name):
Date:

I_____ (Team Member Signature) would like to make a tax deductible contribution to the Red Robin Foundation Giving Fund. I authorize the amount below to be deducted from my paycheck as an automatic payroll deduction each pay period.

Authorized Deduction amount of $_____.00/per check.
(Minimum of $1 deduction)

☐ I do not wish to participate at this time

Restaurant Team Members please return this form to your GM. Corporate Team Members please route to the payroll department