

# Milk Money Employee Relief Fund

Payroll Deduction Form



## Employee Information (please print or type)

Name \_\_\_\_\_  
Employee ID\* \_\_\_\_\_  
10 Digit Phone Number \_\_\_\_\_

I authorize Dean Foods to withhold the following voluntary deductions from each paycheck upon receipt of this signed form for my commitment to the Milk Money Fund. I understand deductions will be (check one):

**\$1.00 per pay period**

**\$5.00 per pay period**

**\$10.00 per pay period**

**Other amount per pay period: \$** \_\_\_\_\_

## Acknowledgement

My deduction will continue until I complete another authorization form to change or stop deductions. Further, I understand it may take up to two pay periods for the change to occur.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you have computer access, please scan the form and email it to [DF\\_Payroll@deanfoods.com](mailto:DF_Payroll@deanfoods.com).

If you do not have computer access, please submit to your HR Business Partner.

\*Employee ID can be found on your Dean Foods pay voucher. Pay vouchers may be accessed electronically via iPay.