Southeast HEALTH
Auxiliary

PAYROLL DEDUCTION

For purchases of $25.00 and up

SALE: _____

DATE: _____

AGREEMENT IS AS FOLLOWS:
I, the undersigned, hereby authorize my employer to deduct $_____ from my pay. I understand that if this deduction is less than $100.00, the entire amount will be deducted from a single paycheck and if the deduction is equal to or greater than $100.00, it will be deducted from **TWO** paychecks.

I further agree that in the event my employment is terminated for any reason, the total amount owed will become due and payable immediately and will be deducted from my final paycheck, or I will be billed for any unpaid amount.

Employee Name: _____

Home Address: _____

Home Phone: _____ Emp. # _____

Employee Signature: _____

Department: _____ Ext: _____

Volunteer's Initials: _____

Payroll Batch/Report Prepared by: _____

Deduction entered in Payroll by: _____