

## **AUTHORIZATION FOR PAYROLL DEDUCTION**

| PAYCHECK C<br>HAS BEEN R    | BY AUTHORIZE THE AMOUNT SHOWN  OVER THE NEXT  EPAID TO THE MEDICAL CENTER. I UNDER  AL CENTER BEFORE THE TOTAL HAS BEEN I | (maximum of 4) PAY<br>STAND THAT SHOULD I | PERIODS   | UNTIL THE TO<br>ATE MY EMPLO | TAL AMOUNT<br>YMENT WITH |
|-----------------------------|---|---|-----------|------------------------------|--------------------------|
|                             |   | □Gift                                     | t Shop:   | ☐ Book Fair                  | ☐ Uniform Sale           |
|                             |   | □мт                                       | R Clothin | g                            | ☐ Other:                 |
| Employee N                  | ame (Please print)  |   | ,         |                              |                          |
|                             |   |   |           |                              |                          |
|                             |   |   |           |                              |                          |
| Employee Si                 | gnature   |   |           |                              |                          |
|                             |   |   | -         |                              |                          |
| Employee Number (must have) |   | Sub-T                                     | otal      |                              |                          |
|                             |   | Tax                                       |           |                              |                          |
| Date                        | Clerk's Initials  | Total                                     | Purchase  |                              |                          |
| (Deduction                  | will begin with the first paycheck received   | fter the week this auth                   | orization | is signed.)                  |                          |
| Original:                   | Accounting  |   |           |                              |                          |
| Сору:                       | Auxiliary/Community Relations   |   |           |                              |                          |
| Copy:                       | Customer  |   |           |                              |                          |
| FOR PAYROLL USE ONLY:       |   | CODE:                                     | _         |                              |                          |
| P.E.                        | \$  |   |           |                              |                          |
|                             | Ä   |   |           |                              |                          |
| P.E.                        | \$  | <del></del>                               |           |                              |                          |
| P.E.                        | \$  |   |           |                              |                          |
| DE                          | ė   |   |           |                              |                          |