



1100 S. Van Dyke  
 Bad Axe, Michigan  
 989-269-9521

**THUMB REGION**

AUTHORIZATION FOR PAYROLL DEDUCTION

I DO HEREBY AUTHORIZE THE AMOUNT SHOWN BELOW (maximum \$200.00) TO BE DEDUCTED FROM MY PAYCHECK OVER THE NEXT \_\_\_\_\_ (maximum of 4) PAY PERIODS UNTIL THE TOTAL AMOUNT HAS BEEN REPAID TO THE MEDICAL CENTER. I UNDERSTAND THAT SHOULD I TERMINATE MY EMPLOYMENT WITH THE MEDICAL CENTER BEFORE THE TOTAL HAS BEEN DEDUCTED, THE BALANCE WILL BE DEDUCTED FROM MY FINAL PAYCHECK.

- Gift Shop:     Book Fair     Uniform Sale  
 MTR Clothing                       Other:

\_\_\_\_\_  
 Employee Name (Please print)

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Employee Number (must have)

Sub-Total \_\_\_\_\_

Tax \_\_\_\_\_

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Clerk's Initials

Total Purchase \_\_\_\_\_

(Deduction will begin with the first paycheck received after the week this authorization is signed.)

Original:      Accounting  
 Copy:         Auxiliary/Community Relations  
 Copy:         Customer

FOR PAYROLL USE ONLY:

CODE: \_\_\_\_\_

P.E. \_\_\_\_\_ \$ \_\_\_\_\_

P.E. \_\_\_\_\_ \$ \_\_\_\_\_

P.E. \_\_\_\_\_ \$ \_\_\_\_\_

P.E. \_\_\_\_\_ \$ \_\_\_\_\_