

McLaren Print System Order

Order No: 69192 Reprint Previous Order No: 6419  
Order Date: 2022-04-21  
User: Alan Ferrari  
Phone: 810-342-2306

Ship Location: McLaren Flint - Auxiliary Office  
401 S. Ballenger Hwy.  
Flint, MI 48532

Forms

Quantity: 500  
Paragon Dept No: 10000  
Dept Name: McLaren Auxiliary  
Company Number: 60

Order Total Price: 50.38

Item Number: M-443  
Item Description: Payroll Deduction Authorization  
Revision Date: 3/2012  
Print: 1 sided black and white  
Paper: 3 Part (White, Yellow, Pink)  
Size: 8.5 x 11  
Fold:  
Finish:  
Drill:  
Misc Info:

**PAYROLL DEDUCTION AUTHORIZATION** Date \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Phone \_\_\_\_\_ Dept # \_\_\_\_\_  
Last 4 digits Social Security # \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_  
Total amount of benefit \_\_\_\_\_  
EMPLOYEE'S SIGNATURE \_\_\_\_\_  
Print Name \_\_\_\_\_  
Quantity \_\_\_\_\_ Employee ID# \_\_\_\_\_

Subtotal
Tax
Total

The above named employee authorizes McLaren Flint to deduct the amount of \_\_\_\_\_ from his/her pay for the purpose of making contributions to the McLaren Auxiliary in the amount of \$\_\_\_\_\_ to be forwarded to \_\_\_\_\_  
Deduction will be a maximum of \_\_\_\_\_ per pay period.  
Maximum amount is \_\_\_\_\_ per pay period.  
Full amount of purchase due upon termination of employment.  
M-443 (12/12)

**PAYROLL DEDUCTION AUTHORIZATION** Date \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Phone \_\_\_\_\_ Dept # \_\_\_\_\_  
Last 4 digits Social Security # \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_  
Total amount of benefit \_\_\_\_\_  
EMPLOYEE'S SIGNATURE \_\_\_\_\_  
Print Name \_\_\_\_\_  
Quantity \_\_\_\_\_ Employee ID# \_\_\_\_\_

Subtotal
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Total

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