



PAYROLL DEDUCTION AUTHORIZATION

Minimum \$10 deduction; not to exceed \$250.

Date: _____ Dept.: _____

Name: _____ Employee ID #: _____

(PLEASE PRINT)

Total Amount of Purchase: \$ _____

Mark the box next to your selection:

Please deduct total amount of purchase shown above from my next payroll check.

--- OR ---

Total amount of purchase is **OVER \$50**.
Please deduct from my next three (3) payroll checks until the total amount of purchase has been deducted.

If, for any reason, my employment at SBAMH is terminated, I hereby authorize any remaining balance to be withheld from my final payroll check. If the amount of my check is insufficient to pay my remaining balance in full, I further agree to directly compensate SBAMH Gift Shop for the full amount of my remaining balance.

Employee Signature (hand-written signature required)