



Payroll Deduction Authorization Form

Employee Name (print): _____ Employee Number: _____

Total Amount of Purchase: \$ _____

Select those that apply:

_____ Apparel/Uniform	_____ Manor Mart Purchase
_____ Auto Authority	_____ Massage Therapy
_____ CNA Exam	_____ Wesner Autobody
_____ Other _____	

I hereby authorize Evergreen Retirement Community, Inc. to deduct \$ _____ from my wages until the total amount of purchase listed above is paid in full.

I understand that the total amount must be deducted from my wages within up to 4 pay periods from the date of purchase. I select the following number of pay periods to pay off the full amount.

Select one: _____1 pay period _____2 pay periods _____3 pay periods _____4 pay periods

I further understand there are no returns or exchanges available.

If my employment is terminated at any time before the amount of purchase is paid in full, I hereby agree to have the remaining balance deducted from my final check. I further understand that should my employment with Evergreen terminate for any reason, no refunds(s) will be made of any amount(s) paid/deducted toward this purchase.

Employee Signature

_____/_____/_____
Date

Return form to Payroll