

**Carle Health**

**Payroll Deduction Authorization**

**Linen Sale  
September, 2024**

Department \_\_\_\_\_ Badge # \_\_\_\_\_

**PRINT Employee Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_  
street address/apt #

\_\_\_\_\_ city state zip

**Home Phone Number** \_\_\_\_\_

By signing this document, I am authorizing a payroll deduction for the amount of purchase documented on this form. I understand that the payroll deduction will remain in effect until the balance has been collected. ***I also understand that should my employment with the organization terminate before the total amount has been collected, any remaining balance may be deducted from my final pay check and I will make arrangements with the Carle Auxiliary to repay any unpaid balance.***

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

Date: \_\_\_\_\_

**Today's Total Purchase Amount \$** \_\_\_\_\_

***To use payroll deduction:***

- Minimum purchase: **\$15**
- Maximum total: **\$350**
- Any amount over the maximum total purchase amount will require alternate payment type.

Your entire balance for today will be payroll deducted during the next two available pay period based on your purchase amount:

**Less than \$25.01**                      **Deducted from your next paycheck**  
**Greater than \$25.00**                **Deducted EQUALLY from your next TWO paychecks**

***A portion of your purchase supports the philanthropic projects of the Carle Auxiliary.  
Thank you!***