



CENTER FOR LEARNING

PAYROLL DEDUCTION AUTHORIZATION

**THIS FORM MUST BE RETURNED WITH THE
APPROPRIATE REGISTRATION FORM
See Program Registration Form for mailing address
Fax: 254-5151**

I authorize Health First, Inc. to deduct _____ from each paycheck over the next
(one, two or three) pay periods, until the amount of _____ is paid in full.

	FEE DESCRIPTION (i.e. program name / date, book, calipers, tuition, etc)	AMOUNT
1.		
2.		
3.		
4.		
5.		

I understand and agree that upon my severance of employment, whether voluntary or involuntary, any balance due for this deduction will be withheld from my final check and/or from pay out of accrued PL.

Printed Name **(REQUIRED)**

Signature **(REQUIRED)**

Today's Date **(REQUIRED)**

Universal ID **or** Social Security #
(REQUIRED)

OFFICE USE ONLY:	DEDUCTION CODE / GL ACCOUNT #	
	Please Circle One	
	Authorized by: _____	52 Training Center 050 600001 6405
	Date: _____	54 Center for Learning - Revenue 050 600002 6400
cc to Financial Files _____	55 Center for Learning – Sponsorship 050 765830 6400	
If modifications to this form are required, please contact Payroll.		