



Sr Life Center Fund Raiser

PAYROLL DEDUCTION FORM

NAME: _____ (Please Print)

Lawson Empl 5-digit #: _____

SS #: _____

DEPT: _____

Total Purchase: \$ _____

Less: Amount paid at time of purchase: (_____)

Amount to be payroll deducted: \$ _____

Employee Signature: _____

Your signature represents your agreement to have the above amount deducted from your regular pay. If for any reason you leave St. Bernard's employment before the deductions have been completed, any balance will be deducted from your final paycheck if possible, or will be your responsibility to settle with St Bernards Development Foundation if not.

Deductions will begin with the first pay period following receipt of this form by the Payroll Office.

Payroll Entry by: _____