



Carle Foundation Hospital

PAYROLL DEDUCTION AUTHORIZATION

Company (Circle One):

- | | | | |
|----------------|------------------|------------|-------------|
| Arbours | Carle Med Supply | Foundation | Windsor |
| Arrow | The Caring Place | Pavilion | Hospital |
| Carle Med Comm | Home Care | Rx Express | Other _____ |

Department _____ SSN _____ Effective Date _____

I, _____, authorize \$ _____ to be deducted or stopped (circle one) from EACH of my paychecks.

Purpose of Deduction (Circle One):

- | | | |
|-------------------------|-------------------|----------------------|
| 40 Student Loan | 61 Term Life | 73 United Way |
| 48 Health Ins. Pretax | 62 Parking Garage | 74 Employee Campaign |
| 50 Annuity | 66 Caring Place | 75 Fitness |
| 56 Credit Union | 70 Hospital Bill | _____ |
| 57 Health Ins. Aftertax | 71 Clinic Bill | |
| 60 Supplemental Life | 72 Uniforms | |

Signature _____ Date _____

X1452H-0611



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