



Return original signed form to:
Human Resources

Munson Healthcare Cadillac Hospital

By December 20, 2019

Payroll Deduction Authorization Agreement for 3rd Day Farm

I authorize deduction from my net pay for Third Day Farm - CSA Share.
Check which share type and payroll deduction option you are choosing:

Share Type:

“Veggie Share” – Full Share - \$700
_____ 20 Payments – January 3, 2020 - September 25, 2020 (35.00/biweekly)

“Meat Share” – Full Share - \$700
_____ 20 Payments – January 3, 2020 - September 25, 2020 (35.00/biweekly)

“Farm Share” – Full Share - \$1200
_____ 20 Payments – January 3, 2020 - September 25, 2020 (60.00/biweekly)

“Farm Share” – 1/2 Share - \$700
_____ 20 Payments – January 3, 2020 - September 25, 2020 (35.00/biweekly)

Total Amount to be deducted = \$ _____

Amount to be deducted per pay period = \$ _____

I authorize the above deduction per check until the total loan amount is paid. If my employment is terminated before the total is paid, I understand the balance is due upon termination and will be deducted in total from my final paycheck and/or PTO payout. If any balance is due after that deduction, I agree to pay Munson Healthcare Cadillac Hospital within 15 days from the date of my termination.

Print Name: _____ **Employee #:** _____

Signature: _____ **Date:** _____

