



**Jane Pauley**  
Community  
Health Center

## **Wage Deduction Authorization Agreement**

I understand and agree that my employer, Jane Pauley Community Health Center, may deduct money from my pay for the JPCHC Foundation on a bi-weekly basis.

I authorize the amount of \$\_\_\_\_\_, to be deducted per pay beginning on (applicable pay date) \_\_\_\_\_.

I further understand that the Company has stated its intention to abide by all applicable federal and Indiana wage and hour laws.

Please sign and date the agreement, return to HR for processing.

\_\_\_\_\_

Signature of Employee

\_\_\_\_\_

Date