



VOLUNTARY PAYROLL DEDUCTION AUTHORIZATION FORM

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Employee ID/Kronos ID: \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_

By signing this form, I voluntarily authorize the Central Maine Healthcare Corporation (“CMHC” ) entity which is my employer (CMHC, or its subsidiary and affiliated entities, including but not limited to Central Maine Health Ventures and its subsidiary and affiliated entities, all of which are hereinafter collectively referred to as the “CMHC Employer”) to deduct from my payroll check any balance for purchases I make using my Employee Badge/Employee ID in any of CMMC Pharmacy, CMMC Cafeteria or Coffee Shop, CMMC Gift Shop, ESEC, and any other special sales events (including but not limited to Super Shoes, Books to Bags) which accept payment via Employee Badge swipe/Employee ID number. This authorization includes charges I owe for myself and for my immediate family member as defined below.

I acknowledge and agree as follows:

- I may only use payroll deduction while I am a current full or regular part time employee. (Per diem employees and those on leave of absence may not use this payment method.)
- I am responsible for paying the full balance of all purchases made using my Employee Badge/ID number. All purchases made during a pay period will be deducted from the following pay period, and balances will not be spread out over several pay periods. I understand that such deductions will be taken out of my net (after-tax) pay.
- I will not allow another employee to use my Employee Badge/Employee ID number to make purchases.
- For CMMC Pharmacy purchases only: I authorize the following immediate family member \_\_\_\_\_ to utilize my payroll deduction as payment (family member is limited to one person), upon presentation of a valid picture ID for verification. !
- This payroll deduction authorization will remain in effect until it is discontinued by me and the balance for all purchases made using my Employee Badge/Employee ID number have been reduced to zero. If the purchases exceed my wages in a pay period, the balance of such purchases will be deducted from my next paycheck(s) until the balance is reduced to zero.
- There is a \$300 limit on purchases I can make using payroll deduction during any pay period. In the event (i) I exceed the \$300 limit, or if my purchases exceed my wages in a pay period, on two (2) or more occasions, or (ii) CMHC Employer determines I have allowed another employee or unauthorized person to use my Employee Badge/Employee ID for purchases, CMHC Employer has the right to deactivate my ability to use payroll deduction for purchases.
- I can revoke this payroll deduction authorization by completing a Request to Discontinue Payroll Deduction Form and delivering the completed form to CMMC Pharmacy. I will be responsible for paying the full amount of any balance due and owing for purchases I have made prior to the revocation.
- Upon termination of my employment with CMHC Employer, any balance due and owing for purchases I have made will be deducted from my final paycheck from CMHC Employer and I specifically authorize CMHC Employer to deduct any such balance due from my final paycheck. If there is a remaining balance due from me which exceeds my final paycheck, I agree to remit immediately to CMHC Employer the full amount due. In the event CMHC Employer must initiate a collection action against me for amounts I owe for purchases made through payroll deduction, I waive presentment and notice and agree to pay all costs of collection, including attorneys’ fees.

\_\_\_\_\_  
(Employee signature)

Date: \_\_\_\_\_

**PLEASE MAIL OR FAX COMPLETED FORM TO CMMC PHARMACY,**  
**300 Main Street, Lewiston, ME 04240**  
**Fax # 207.795.7552**