Payroll Deduction Authorization Agreement for Providence Farm

Return original signed form to: providencecsa@gmail.com **by June 1, 2018**

I authorize deduction from my net pay for Providence Farm CSA Share.

Check which share type you are choosing:

Share Type:

☐ 22 week Small Family Share (feeds 2-4 people) - $682
June 14 – November 8, 2018

☐ 22 week Large Family Share (feeds 5-8 people) - $880
June 14 – November 8, 2018

☐ Half Share of 22 week Small Family Share (feeds 1-2 people) - $341. Pair up with co-worker on your own.
June 14 – November 8, 2018

☐ Biweekly (11 weeks) Small Family Share (feeds 1-2 people) - $385
A week: June 14- Nov 1 (every other week)
B week: June 21- Nov 8 (every other week)

Deductions begin with pay date June 22, 2018

Total Amount to be deducted= $_____

Amount to be deducted per pay period $_____

$62 (small) 22 weeks
$80 (large) 22 weeks
$31 (½ share) 11 weeks: Name of person you are sharing with _____
$35 (biweekly) 11 weeks: A week or B week

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 PTO payout. If any balance is due after that deduction, I agree to pay Munson Medical Center within 15 days from the date of my termination.

Print Name:_____ Employee #_____

Work Email*:_____Personal Email*: _____
***We will not send you unsolicited emails, only emails as they pertain to your CSA Share. You can opt in or out of receiving newsletters, etc.**

Signature:_____ Date: _____
***Please type your signature * Save As your name * Email to: providencecsa@gmail.com**

MUNSON HEALTHCARE

myWellness