Your Health. Our Passion.

Date _____

Location/Department _____

Employee Name _____

You may payroll deduct, up to $150 in purchases every 12 weeks, to be paid back in increments of $25 (minimum), which is equal to six payrolls.

UNIFORM PAYROLL DEDUCTION FORM

Quantity	Item Number	Description	Color	Size	Cost Each	Total
Total						

I would like my purchase to be deducted from this many payrolls (please check one):

I hearby authorize HealthNet to make the above deductions from my pay in accordance with the above terms. I understand and agree that any amount that is due and owing at the time of my termination, regardless of whether my termination was voluntary or not, will be deducted from my last paycheck.

Employee Signature _____

Please email your signed form to: HR@indyhealthnet.org