

***Duncan Regional Hospital, Inc
Payroll Deduction Authorization
Guardian Angel Program***

In order to use payroll deduct, your Guardian Angel donation must be a minimum of \$20.00.

I authorize Duncan Regional Hospital, Inc., my employer, to deduct a total of \$ _____ from my check (s) for a donation to the Guardian Angel program.

****See note below**

It is to be withheld in the following manner:

Please check one: _____ **Total donation from one check**
 _____ **Total donation is over \$50.00 – take out of 2 checks**
 _____ **Total donation is over \$150.00 –take out of 3 checks**

Payroll number: [12049215](#)

Please read before signing below:

I agree, by my signature below, that upon termination of my employment, all monies due me will be applied toward this acknowledged indebtedness to reduce the amount owing by me and if any amount remains owed, I will gladly pay the difference. If the amount due is less than my final check, I agree that this indebtedness will be deducted from such final check. (FOR EXAMPLE: If you are to receive a check for PDO'S and/or a check for earned wages upon termination, any amount still outstanding will be deducted from your final check.)

***By my signature below, I acknowledge that I have read and
Understand the above and I agree to the terms therein.***

<hr style="border: 2px solid yellow;"/> Team Member Signature	<hr style="border: 2px solid yellow;"/> Team member #	<hr style="border: 2px solid yellow;"/> Date
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Please return signed form to the DRH Health Foundation Office