Authorization for Voluntary Payroll Deduction

Allowed under RSA 275:48 I

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(employee’s name) hereby authorize **BUSINESS NAME HERE** to deduct from my wages for: Assurance Healthcare & Counseling Center Care Feein the sum of $\_\_\_\_\_\_\_\_\_\_ (dollar amount) per pay period, beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date), and going on perpetually or until I cancel (date entered below upon cancellation).

I am authorizing this voluntary deduction as specified in RSA 275:48 I.

If my employment at **BUSINESS NAME** ends, I acknowledge that I have the option to continue my Assurance Healthcare & Counseling Center Membership, but it is my sole responsibility to make those payments on my own and not the responsibility of **BUSINESS NAME**.

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Date Cancelled (to be filled out upon cancellation request):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature for Cancellation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_