



EMPLOYEE NUMBER # \_\_\_\_\_

I HEREBY **AUTHORIZE** THE FOLLOWING EMPLOYER TO DEDUCT FROM MY PAYCHECK.

<input type="radio"/> Beth Israel Deaconess Medical Center	<input type="radio"/> Weekly
<input type="radio"/> Lahey Health (Burlington)	<input type="radio"/> Bi-Weekly
<input type="radio"/> Tufts Medical Center	<input type="radio"/> Monthly

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

Savings: \$ \_\_\_\_\_

SSN: \_\_\_\_\_

Loan/s: \$ \_\_\_\_\_

Account #: \_\_\_\_\_

Checking: \$ \_\_\_\_\_

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

Holiday: \$ \_\_\_\_\_

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

Vacation: \$ \_\_\_\_\_

**Total Deduction: \$ \_\_\_\_\_**