

# ARKANSAS HEART HOSPITAL®

**Authorization of Periodic  
Deductions from Paychecks  
Full-Time and Part-Time employees only**

This authorization is made on this \_\_\_\_\_ day of December 2022 by:

Employee Name \_\_\_\_\_

Employee ID Number \_\_\_\_\_

- A. Employee has become indebted to Arkansas Heart Hospital (AHH) by reason of the AHH payroll deduction Christmas Gift Card Shopping Event while employed by AHH.
- B. Employee voluntarily acknowledges and agrees that the sum of \$\_\_\_\_\_ (Debt) is now due and owing to AHH as a result of the foregoing; and
- C. Employee wishes to establish a convenient means whereby the Employee can repay to AHH the total sum thus due and owing to AHH through periodic payroll deductions.

**Authorization**

Employee agrees to repay the amount of the Debt owing to AHH according to the following installment plan:

1. The Employee shall pay AHH the amount of \$\_\_\_\_\_ in three equal installments of \$\_\_\_\_\_ due and payable by means of periodic payroll deductions from the Employee's regular paycheck.
  - a. **Installment One: January 6<sup>th</sup> payroll**
  - b. **Installment Two: January 20<sup>th</sup> payroll**
  - c. **Installment Three: February 3<sup>rd</sup> payroll**
2. The Employee understands that if the Employee's employment with AHH ceases (whether voluntarily or involuntarily), or if the Employee fails to receive a paycheck by reasons of leave of absence or lack of hours worked, the Employee will be responsible for paying to AHH the full outstanding amount of the Debt.
3. The Employee further understands and agrees that AHH retains the right to deduct any amount due and owing from the Employee's final paycheck upon termination, or from accumulated PDO payout if the Employee's status changes from full-time/part-time to pool status.
4. The Employee may discharge this authorization by paying the total amount remaining owed on the Debt at any time.
5. Nothing in this Authorization shall be construed to limit the at-will employment relationship between the Employee and AHH. The Employee and AHH each remain free to terminate the employment relationship at any time, with or without advance notice or cause.

I HAVE READ THIS AUTHORIZATION AND UNDERSTAND ITS CONTENTS. I HAVE HAD SUFFICIENT TIME TO CONSIDER WHETHER TO SIGN THIS AUTHORIZATION AND I SIGN IT VOLUNTARILY. I FURTHER ATTEST THAT I AM A FULL TIME OR PART TIME EMPLOYEE.

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

LOCATION YOU WORK AT: \_\_\_\_\_ DEPARTMENT YOU WORK IN: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ PERSONAL EMAIL ADDRESS: \_\_\_\_\_

QTY	DILLARD'S	QTY	KROGER CARD	QTY	GAS CARD	QTY	WALMART CARD
	\$25 Dillard's Card		\$25 Kroger Card		\$25 Gas Card		\$25 Walmart Card
	\$50 Dillard's Card		\$50 Kroger Card		\$50 Gas Card		\$50 Walmart Card
	\$100 Dillard's Card		\$100 Kroger Card		\$100 Gas Card		\$100 Walmart Card
	\$300 Dillard's Card		\$300 Kroger Card		\$300 Gas Card		\$300 Walmart Card