

Bookstore Payroll Deduction Authorization

HACC Central Pennsylvania's Community College



LAST NAME

FIRST NAME

MIDDLE INITIAL

HACC ID

DEPARTMENT

CAMPUS PHONE NUMBER

BUILDING/ROOM #

HOME ADDRESS

Deduction Period

- Full-Time Administrator, Classified, Faculty and Professional Staff
- Divide my Purchase Into:

\$200-\$500	6 pay periods	\$1,200.01-\$1,800	18 pay periods
\$500.01-\$900	9 pay periods	\$1,801.01-\$2,500	24 pay periods
\$900.01-\$1,200	12 pay periods		

* In the event that the undersigned employee becomes separated from HACC for any reason, any remaining balance of the Purchase Amount shall be deducted from the employee's last HACC payroll check, unless other written arrangements approved by HACC are in place prior to the employee's last day of work.

PAYROLL DEDUCTION AMOUNT: \$ _____

I, the undersigned employee, authorize HACC to deduct from my HACC payroll checks charges for the above-listed Purchase Amount from the HACC Bookstore per the above-listed Deduction Period payment schedule. HACC shall deduct the identified installment amount from each of my HACC payroll checks until the Purchase Amount has been paid in full. I agree to and acknowledge that purchases under this program are limited by the eligibility requirements and are subject to the procedures established by HACC for the purchase program. Sign and give this form to your Campus Bookstore.

EMPLOYEE SIGNATURE

DATE

FOR DEPARTMENT USE ONLY

_____ divided by _____ = _____
AMOUNT NO. OF PAYMENTS PAYMENT

HACC CENTRAL PENNSYLVANIA'S COMMUNITY COLLEGE