



Accounts Receivable

Authorization for Monthly Payroll Deduction

I, _____, agree to have \$ _____
deducted from my payroll monthly beginning with the _____ pay date. Please apply
the payroll credit to my Accounts Receivable account.

Signature _____

Account ID# _____

Date _____

Please return this form to Accounts Receivable by email, fax or in person.

Thank you.