

**PAYROLL DEDUCTION AUTHORIZATION FORM
CGH HEALTH FOUNDATION
STERLING, ILLINOIS**

Employee # _____ Employee Name _____ Dept _____

Deduction – CGH Health Foundation Silent Auction

Number of Baskets won _____

Total Amount of Deduction \$ _____

I understand that should I terminate my employment with the hospital before the total amount has been deducted, the balance will be deducted from my final paycheck.

(Signature) _____ (Date) _____

Instructions:

1. Fill out form completely
2. Sign and Date
3. Send to Amanda Blaine, CGH Health Foundation, or bring with you when you pick up your basket(s).

Incomplete forms will be returned to the employee.