



AIRSERV<sup>SM</sup>

# UNIFORM PAYROLL DEDUCTION FORM

Please use this form to initiate new payroll deduction instructions or to make changes to an existing account.

## 1 - EMPLOYEE INFORMATION

_____	_____	_____	____	____
First Name	M.I.	Last Name	Social Security Number	
_____		_____	_____	_____
Permanent Street Address		City	State	Zip

## 2 - PAYROLL DEDUCTION INSTRUCTIONS

Type of Instructions:       Uniform Deduction

## 3 - UNIFORM PAYROLL DEDUCTION FOR ABOVE WING

ITEM	QUANTITY	TOTAL COST	DEDUCTION ELECTION
<input type="checkbox"/> NAVY JACKET	_____	\$ _____	<input type="checkbox"/> 1 PAYMENT
<input type="checkbox"/> CARDIGAN	_____	\$ _____	<input type="checkbox"/> 2 PAYMENTS
<input type="checkbox"/> NAVY PULLOVER	_____	\$ _____	<input type="checkbox"/> 3 PAYMENTS
<input type="checkbox"/> SKY CAP HAT	_____	\$ _____	<input type="checkbox"/> 4 PAYMENTS

## 4 - EMPLOYEE SIGNATURE

I hereby authorize to have the payroll deductions noted above deducted every two weeks from my paycheck. I further understand these deductions will continue until I notify Air Serv to either cancel or change an existing rate if applicable, or if there is a change in my employment status.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MANAGER'S SIGNATURE

\_\_\_\_\_  
DATE