

Authorization for Payroll Deduction

**Purdue Pharma L.P.
One Stamford Forum
Stamford, Connecticut 06901-3431**

Employee Name: _____

I hereby authorize Purdue Pharma L.P. to deduct the actual charges of my employee purchases in the Purdue Pharma L.P. cafeteria, in an amount not to exceed \$20 per day (after-tax), from my paycheck under the Café Express Program.

In the event I wish to terminate my participation in the Café Express program, I must submit a written request to discontinue the payroll deduction to Charlene Pratt, Administrative Services, and I will be responsible for all purchases made up to and including the date of termination.

Signature: _____

Date: _____

Rev 09/14