

**Erlanger Employee Payroll Deduction Authorization Form**  
**Erlanger Pharmacy (formerly Moore & King)**

Erlanger Employee Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Campus Department: \_\_\_\_\_ Dept. Phone: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

**Please list all dependents that may be on the charge account.**

NAME	DATE OF BIRTH
_____	_____
_____	_____
_____	_____

I, the Erlanger Employee, understand and agree to the following:

- I hereby authorize the Erlanger Health System Payroll Department to deduct from my Wages my Erlanger Pharmacy (“Pharmacy”) charges per pay period.
- My total charges in a payroll cycle will be deducted in the full amount each payroll and will NOT be spread over several pay period.
- In the event that full funds are not available to cover the Pharmacy charges due, I understand that the charges will be carried over to the next payroll period.
- I am responsible for all Pharmacy charges associated with the user of my employee number, and I must immediately report any misuse or unauthorized deductions. I understand that it is possible that a specific payroll deduction for a pharmacy purchase may not post against my payroll exactly on the date of the transaction but will post as soon as possible thereafter.
- In the event my employment is terminated from Erlanger Health System, I will be responsible to pay in cash, by check or credit card the remaining amount within 15 days. If payment is not made within 15 days, the outstanding balance will be turned over to a collection agency.
- I am responsible for retaining all receipts. In the event of a dispute of charges I must produce all receipts and file a dispute with Erlanger Pharmacy billing department within 2 weeks after deduction. Disputes filed after this timeframe will not be addressed. A discrepancy in my favor within the payroll period will be refunded back to my account. No cash refunds will be issued for refunds for any reason. Bankruptcy or Wage Garnishments will prohibit participation in the payroll deduction system.
- Temporary (PRN) employees and Regular Employees with a <.52 FTE are not eligible for payroll deduction.
- I may revoke this authorization and waiver at any time by written notice to the Pharmacy.

All questions concerning Pharmacy payroll deduction charges should be directed to the Erlanger Pharmacy billing department – Nancy Lyles (Monday – Friday, 8:30am – 4:30pm), 423-386-1128.

Alternately, this completed form can be faxed to any Pharmacy location. Allow two business days for the payroll deduction to go into effect.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

Office Use Only (below line)

\_\_\_\_\_  
Erlanger Pharmacy Authorized Signature

\_\_\_\_\_  
Date

Last Updated 11/2/2012