

EagleOne Payroll Deduction Form

YES, I request that the amount indicated below be deducted from my pay each pay period.

The deduction will remain in effect until the employee terminates the deduction or completes a new payroll deduction form. I understand that the payroll deduction amount will be added to my EagleOne account within 24 hours after receipt of funds, and is not refundable except as described in the card program terms and conditions.

Name of Employee: _____
(Print Full Name)

Employee Number: _____

Day Phone Number: _____

E-Mail Address: _____

Check One:

Start

Start date: _____

Change Amount

Change Amount date: _____

Stop

End Date: _____

Deduction Amount: \$10 \$15 \$25 \$50

Signature of Employee: _____

Date: _____

This section to be completed by Payroll Coordinator

Effective Pay Date: _____ Approval: _____