PROVIDENCE
Health & Services
Alaska

THE ALASKA CLUB

PROVIDENCE PAYROLL DEDUCTION AUTHORIZATION FORM
** THE ALASKA CLUB TO FAX TO PHSA 212-8575**

MEMBER #_____ EMPLOYEE #_____

NAME_____

☐ 1st Pay Period Only $_____ Monthly Deduction

☐ 2nd Pay Period Only $_____ Monthly Deduction

☐ 1st & 2nd Pay Periods $_____ Pay Period Deduction

☐ **Stop Deduction**

EFFECTIVE DATE_____

I authorize Providence Health & Services Alaska to deduct all monthly dues directly from my paycheck. I understand that all personal charges will not be deducted from my paycheck. Monthly statements will be mailed and any personal charges and outstanding dues must be paid by the 25th of each month. After 60 days, charging privileges will be revoked.

EMPLOYEE SIGNATURE_____ DATE_____

PAYROLL USE ONLY: DC: 9153
DATE: _____
BY:_____

Revised 5/2011