



**SBPEA PAYROLL DEDUCTION AUTHORIZATION
FOR LUTHERSALES**

Date: _____

Employee Name (Please Print)

Employee ID Number

Direct Work # With Extension

Social Security Number

Deduction Amount \$ _____
Per Pay Period/Semi Monthly

Work Location

Starting Date: _____

I hereby authorize SBPEA to deduct from my salary the amount indicated as "LUTHER" purchases from my paycheck. I understand that all purchases are taken as scheduled deductions from my paycheck on the date specified above as the "Date Deducted". I also realize purchases made more than one time from the same vendor will be added together and divided up into payments as scheduled with Luther Sales. I understand that entering into this deduction process is irrevocable until the total amount is paid off. If for any reason, my employment should terminate, I accept that I will have to pay any unpaid balance to LutherSales.

Employee Signature