

STAT EMS, Inc.  
Payroll Deduction Form

I, \_\_\_\_\_, authorize STAT EMS, Inc. to deduct \$\_\_\_\_\_ from my paycheck each pay period. The funds withheld will be paid to Genesys Regional Medical Center, EMS Education on a monthly basis. STAT EMS, Inc. will continue to deduct the above stated herein until the initial balance of \$\_\_\_\_\_ is paid in full or STAT EMS, Inc. or Genesys Regional Medical Center rescinds this authorization in writing. If my employment with STAT EMS, Inc. is terminated, whether voluntarily or involuntarily, I understand the entire remaining balance will be deducted from my last paycheck.

By signing this authorization, I agree to all of the terms and conditions stated herein.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Employer Representative