



Cafeteria Payment System CONSENT FORM Employee Payroll Deduction

This form authorizes payroll deduction from a Trauma Trust’s employee’s paycheck, through purchases made in the MultiCare Health System (“MultiCare”) cafeteria and deli at Tacoma General Hospital. Execution of this form will also enable the Badge to activate a 20% discount off select items purchased.

In order to enroll for Employee Payroll Deduction, I, the undersigned Trauma Trust employee, agree to the following terms:

- I authorize Trauma Trust to create a payroll deduction account for purchases made with my Employee Identification Badge (“Badge”).
- I understand any and all charges posted to my payroll deduction account will be deducted from my paycheck the following month, along with any other uncollected accrued charges from previous pay periods.
- I understand that I am responsible for all charges made with my Badge, and I will be billed for amounts unable to be collected through payroll deduction.
- I understand Trauma Trust is authorized to withhold from the next or final paycheck any sums due, with the possibility of being sent to collections if I do not respond to such billings by stated due date.
- I understand lending my Badge to any other party for the purpose of purchases is completely prohibited.
- I understand that if my Badge becomes lost or stolen, once the missing Badge is reported to MultiCare and Trauma Trust, I am responsible for all accrued purchases through the end of the next business day.
- I understand that due to payroll processing cycles, payroll deduction amounts on earnings statements may not coincide with charges during the pay period.
- I understand that in order to use the payroll deduction account and receive the stated discount, I must be in possession of my Badge at the time of purchase. If not in possession of my Badge, I must use another form of payment (cash, credit or debit card), and will not be granted a discount. **No other form of identification or manual input of employee number will be allowed for payroll deduction.**

Statement of Consent: I have read the above information and agree to the stated conditions.

Employee Name: _____

Department: _____ Badge Number: _____

Employee Signature _____ Date _____

**PLEASE RETURN COMPLETED FORM TO PAYROLL
DO NOT WRITE BELOW THIS LINE**

Nutrition Services Activation Complete: _____ Date _____