

# MOBILE MEDICAL RESPONSE, INC.

## PAYROLL DEDUCTION FORM

Name:

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Division:

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Date:

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I authorize Mobile Medical Response, Inc. to withhold from my paycheck \$\_\_\_\_\_ for the **Employee Assistance Fund**.

Payroll deductions will continue year after year unless you notify the payroll department of your desire to discontinue your contribution.

Signature:

Date:

\_\_\_\_\_

