



12133 Industriplex Blvd
Baton Rouge, LA 70809
Tel 225.756.5239
Fax 225.752.2614
www.southernmedical.com
Forward to Patti Vanleen in Payroll

CHRISTMAS CLUB SAVINGS ACCOUNT (CCSA) AUTHORIZATION AGREEMENT

NEW

CHANGE

CANCELLATION

AUTHORIZATION INFORMATION	
EMPLOYEE PRINTED NAME:	_____
TELEPHONE NUMBER:	_____
SOCIAL SECURITY NUMBER:	_____
DEDUCTION AMOUNT:	_____ <u>.00</u> per paycheck <i>(Whole dollars only)</i>
EFFECTIVE DATE:	_____/_____/_____ / /

I hereby authorize Southern Medical Corporation, hereinafter called "**COMPANY**", to initiate a payroll deduction from my paycheck for the requested contribution to my Christmas Club Savings Account, hereinafter called "**CCSA**". Additionally, I authorize the **COMPANY** to apply these deductions as credit entries to my **CCSA**, which will earn no interest.

Rules to **CCSA** Membership:

- Plan year runs from November through October.
- Employees can enroll at any time.
- Employees can enroll a maximum of once a plan year.
- Cancellation can be requested at any time, at which time the payroll deduction will cease.
- Upon employment termination, the member **CCSA** funds will be disbursed with the employee's last paycheck.
- Upon membership cancellation, the member **CCSA** funds will not be disbursed until the first paycheck in November.
- The **COMPANY** will disburse all **CCSA** checks along with the first paycheck in November each year.
- The membership automatically renews at the end of each plan year, unless employee sends written notification to **COMPANY** of cancellation of membership.

This deduction authorization is to remain in full force through the plan year and automatically renew unless **COMPANY** has received written notification from me to cancel in such time and in such manner as to afford **COMPANY** a reasonable opportunity to act on it. I understand and agree to the rules of the **CCSA** membership.

Employee Signature _____ Date _____