AIRSERV℠ UNIFORM PAYROLL DEDUCTION FORM

Please use this form to initiate new payroll deduction instructions or to make changes to an existing account.

1 - EMPLOYEE INFORMATION

_____--_____--_____

First Name	M.I.	Last Name	Social Security Number

Permanent Street Address	City	State	Zip

2 - PAYROLL DEDUCTION INSTRUCTIONS

Type of Instructions: [ ] Uniform Deduction

3 - UNIFORM PAYROLL DEDUCTION FOR ABOVE WING

ITEM	QUANTITY	TOTAL COST	DEDUCTION ELECTION
[ ] NAVY JACKET		$	[ ] 1 PAYMENT
[ ] CARDIGAN		$	[ ] 2 PAYMENTS
[ ] NAVY PULLOVER		$	[ ] 3 PAYMENTS
[ ] SKY CAP HAT		$	[ ] 4 PAYMENTS

4 - EMPLOYEE SIGNATURE

I hereby authorize to have the payroll deductions noted above deducted every two weeks from my paycheck. I further understand these deductions will continue until I notify Air Serv to either cancel or change an existing rate if applicable, or if there is a change in my employment status.

EMPLOYEE SIGNATURE	DATE

MANAGER'S SIGNATURE	DATE