



BRIDGE LEARNING CENTER PAYROLL DEDUCTION AGREEMENT

Employee Name: _____ [PLEASE PRINT]

Employee Number: _____

Child Name(s): _____ [PLEASE PRINT]

Facility: The Bridge Learning Center (C'ton) Bay Springs Academy (VR) Mirror Lake Academy (VR) Stonebridge Academy (Bremen)

I acknowledge and agree that:

- 1. I authorize Tanner Medical Center, Inc. ("Tanner") to process periodic deductions from my paycheck to be remitted to the Bridge Learning Center (the "Center") for child care services. I understand that the amount deducted from my check will be based upon the amount reported by the Center as owed on my account. I understand that the amount of my payroll deduction may increase or decrease without requiring further written authorization from me.
2. I understand that the expenses owed for child care to the Center are my responsibility. If my paycheck is insufficient to cover the amount of charges to be deducted or if I voluntarily revoke this authorization in writing, I will be responsible for making payment directly to the Center for any expenses incurred.
3. I understand that my payroll deduction will be processed through the Quickcharge system. If I am not currently enrolled in Quickcharge, then I authorize my participation in QuickCharge to allow payroll deductions for child care services. I understand that it is my responsibility to monitor my own payroll deductions through the online Quickcharge system.
4. I understand that if I am initiating or terminating a payroll deduction that the change may not take effect during the current payroll cycle due to the time needed to process the change. It will be my responsibility to pay to the Center any amount not deducted or to collect from the Center any overpayments that may result.
5. I understand that if I am designated as Part-time, PRN, or Inactive employee, I will not be eligible to participate in payroll deductions for child care.
6. I understand that this authorization will remain in effect until cancelled by me or by the Center, upon termination of my employment with Tanner, or upon change to a Part-time, PRN or Inactive status.
7. I understand that my account with the Center may not be credited with my payroll deduction until the funds are received from Tanner and that the date the deposit is credited to my account may not be the same date as the pay date.
8. I acknowledge and agree that my remedy for any errors made in connection with these transactions is limited to simple reimbursement of the amount of the error. I authorize the Center and its agents to make adjustments to my account to correct such error.

Employee Signature: _____

Date Signed: _____

This section below to be completed if employee elects to cancel their payroll deduction for Bridge Learning Center

Cancellation of Bridge Learning Center Payroll Deduction Agreement:

I elect to cancel my Bridge Learning Center Payroll Deduction Agreement. I understand that cancellation of my deduction may not take effect during the current pay cycle due to the time needed to process the change. I understand that I am responsible for paying any amount not deducted from my paycheck and collecting from the Bridge Learning Center any overpayments that may result.

Employee Name: _____ [PLEASE PRINT]

Employee ID: _____

Employee Signature: _____

Date Signed: _____

PLEASE RETURN COMPLETED FORM TO: HUMAN RESOURCES TANNER HEALTH SYSTEM 705 DIXIE STREET CARROLLTON, GA 30117 FAX: 770-836-9327

FOR HR USE ONLY: Approved by: _____ [Initials] QC enrollment activated: Forwarded to Center on: _____ [Date]