

Payroll Deduction Program

www.brightengroup.ca



Who is eligible?

You must be a permanent employee of Horizon Health Network Zone 2, and/or your payroll is administered by the Horizon Health Network Zone 2. At this time we are not able to process Gift Cards for employees of SNB.

How to sign up:

Simply complete the Payroll Deduction Authorization required (below).

How to activate:

Once you have been approved (may take up to 72 business hours for the initial setup) you will be provided with your Prepaid Gift Card. You will be required to show your Personal Hospital ID for identification purposes when you pick up your card.

How to use:

Simply have your personal Prepaid Gift Card swiped at the checkout of any Auxiliary business at the time of your purchase. The amount of your purchase will be deducted automatically from your available balance.

Note: Your card will not automatically be reloaded once your balance is paid. You must reapply if you would like to receive additional funds.

PAYROLL DEDUCTION AUTHORIZATION

Current Card Number: _____

_____/_____/_____
EMPLOYEE LAST NAME FIRST NAME MIDDLE INITIAL

EMPLOYEE #: _____ DEPARTMENT: _____

PHONE #: _____ EMAIL: _____ (to be only used for Auxiliary purposes)

TOTAL AMOUNT APPLIED FOR: _____

(Must be a minimum of \$100 and may be increased to a maximum of \$300 in increments of \$50)

Personal Commitment

I authorize the payroll deduction of the Horizon Health Network Zone 2 to deduct \$_____ or **20% of the amount applied for per pay for 5 equal pay periods**, beginning with the next pay cycle after the sign-up date, until the balance is zero. I acknowledge that if I resign or my employment is terminated, the existing balance of my account is to be deducted from my final payroll check. If the remaining amount owed exceeds the amount of my final cheque, I agree that I will promptly remit to the Saint John Regional Hospital Auxiliary the outstanding balance.

_____/_____
CUSTOMER SIGNATURE DATE

_____/_____
AUTHORIZED AUXILIARY SIGNATURE DATE

OFFICE USE ONLY	
Application drop off date	
Date card issued:	
Starting pay date:	
Last payment date:	