

**<EMPLOYER> Employer-Assisted Housing Benefit Plan
Payroll Deduction Authorization Form**

THIS PAYROLL DEDUCTION AUTHORIZATION ("PDA") FORM IS AN EXAMPLE OF A PAYROLL DEDUCTION AUTHORIZATION FOR AN EMPLOYER WITH A BY WEEKLY PAYROLL. THIS PDA MAY BE USED WITH ANY TYPE OF EAH BENEFIT LOAN,

Last Name First Initial Employee Number

I authorize deductions from my wages in the amount of \$_____ to comply with my EAH Benefit Loan repayment obligations.

As long as I am an employee of <EMPLOYER>, I authorize two Payroll Deductions each month in the amount indicated above. Payroll Deductions will be applied to the payment due on the first day of the month in which such Payroll Deductions are made, until I have paid all amounts owed under the Promissory Note that I signed in connection with my EAH Loan. If a month has more than two payroll dates, EAH Loan payments will be collected through Payroll Deductions on the first two payroll dates of the month only. If I am not on payroll for two pay periods in a month, you may deduct an amount equal to a full monthly Loan payment in a single pay period.

X _____
Date

X _____
Signature