



**PROFESSIONAL RESOURCE FOR NURSES
Payroll Deduction Authorization**

For PRN Use Only

Received _____

Start _____

Emp. No. _____

Please type or print:

Name _____
Last First Middle Initial

Address _____
Number Street Apt. #/P.O. Box# City Zip Code

Home Phone (_____) _____ E-mail _____ Unit _____ Shift _____
Area Code

I hereby authorize El Camino Hospital to deduct membership dues or service fees (check one) as determined by PRN, from my salary each period. It is understood that the PRN dues/service fees may change from time to time. ECH will remit all money collected from payroll deduction to PRN each pay period.

EMPLOYEE SIGNATURE _____ DATE _____

PLEASE RETURN BOTH COPIES TO PRN