

## **Payroll Deduction Form**

The Brookshire Brothers Helping Our Own fund provides support to fellow Employee Owners who have suffered a significant financial hardship due to a house fire, natural disaster, family death, medical expenses or other unforeseen events.

The fund enables you as an employee to provide support for your fellow Employee Owners during their time of need. You can opt to give either weekly or monthly through payroll deduction. All donations further the purposes of the Helping Our Own fund in its programs and operations to assist "our own" Brookshire Brothers employees.

All employees are eligible to apply, whether or not they donate to the Helping Our Own fund. Applications are strictly confidential. Assistance granted is a gift, not a loan. There is no expectation of re-payment.

Employee Name			Employ	ee #		
Store Number	Date _					
Payments in the amount of \$ per month or \$1.00 per week) are t payroll for the purpose of depositin	o be dedu	cted throu	gh Brook	shire Bro	others, Inc	
Employee represents that this authorization of his/her continued employment.	is executed v	voluntarily ar	nd has not b	een made	as a conditio	'n
I UNDERSTAND AND AGREE TO THE TERMS PAYROLL DEDUCTIONS TO BE MADE AS IN		ITIONS STAT	ED ABOVE	AND AUTH	ORIZE THE	
Employee Signature			Date			

PLEASE MAIL THE COMPLETED DEDUCTION FORM TO BROOKSHIRE BROTHERS HUMAN RESOURCE DEPARTMENT

Brookshire Brothers