## For Employees Purchasing Extra Tickets for Extended Family and Friends





## PAYROLL DEDUCTION AUTHORIZATION FORM

This authorization form is to be used for all transactions that will or could result in a payroll deduction

Name:		Employee	e ID #	
/ Project /Plant:			Date:	
Company:	Zachry Construction ZU	US ☐ Cap	itol Aggregates	
authorize Zachı	y and /or its subsidiaries or affiliates	to deduct the following ite	ms from my wages:	
	T4/ X7		# of Pay Periods	
	Item/ Vendor:	Amount:	(Maximum of 4)	
	Zachry Corp Corporate Family Event Tickets	\$		
•	I agree and authorize that the above lis	sted items may be deducted in	n full from my payroll check.	
•	I understand that the program for pays			
•				
•	I understand that the program for payr any time without prior notice to me.  I understand that I will be responsible	roll deduction may be change for any and all unpaid charge	ed, revoked, and/or cancelled at	
•	I understand that the program for payr any time without prior notice to me.  I understand that I will be responsible cancelled (2) my employment with Za	roll deduction may be change for any and all unpaid charge chry and/or its subsidiaries or	es should (1) the program be affiliates be terminated for	
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• • Employee	I understand that the program for payr any time without prior notice to me.  I understand that I will be responsible cancelled (2) my employment with Za- whatever cause (3) other circumstance	roll deduction may be change for any and all unpaid charge chry and/or its subsidiaries or	es should (1) the program be affiliates be terminated for	
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Employee	I understand that the program for pays any time without prior notice to me.  I understand that I will be responsible cancelled (2) my employment with Za whatever cause (3) other circumstance.  Signature:	roll deduction may be change for any and all unpaid charge chry and/or its subsidiaries or as associated with payment of the second control of the second	es should (1) the program be affiliates be terminated for the charges.  Date:	
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Employee  Accommodate  Dept. / Pr	I understand that the program for payr any time without prior notice to me.  I understand that I will be responsible cancelled (2) my employment with Zawhatever cause (3) other circumstance  FOR PAYE  ions: Purchase deductions that will Business Unit Manager and the	for any and all unpaid charge chry and/or its subsidiaries of a associated with payment of a sassociated with payment of a country than two we vice President of Accountry.	es should (1) the program be affiliates be terminated for the charges.  Date:  we will require approval by the ing/Controller.	