



AFFILIATE PARKWAY DATA CORP OMC RMC JSUMC
COMPANIES 100 CENTER

MERIDIAN AMBULATORY PHARMACY TEAM MEMBER PAYROLL DEDUCTION

Print Team Member Name: _____

Team Member ID Number: _____ (*PROOF REQUIRED*)

Team Member Meridian Location / Department: _____

Team Member Affiliate Company / Department: _____

Patient Name (If different than team member name): _____

Amount to be withheld: \$ _____

Team Member Signature/
Agreement to Terms: _____

I authorize Meridian Health to deduct the above dollar amount from my paycheck. In addition, I state I am eligible for the deduction privilege.

In event the above amount is higher than my net pay; I understand I am personally liable to Meridian Health for the amount due and agree to pay total balance due in cash immediately upon notification.

Meridian Ambulatory Pharmacy • JSUMC – 732-776-4750 • OMC – 732-836-4545

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