



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



850 GOV. CARLOS CAMACHO ROAD
OKA, TAMUNING, GUAM 96911
TEL: 647-2444 or 647-2330
FAX: (671) 649-0145

Form. No. CC001

Guarantor Name and Guarantor Number:

GMHA Preparer's Name, Date, and Signature:

GOVERNMENT OF GUAM EMPLOYEE PAYROLL DEDUCTION AGREEMENT

1	TO: (Employer's name and address)	2	Regarding: (Guarantor's/Employee's name and address) Social Security or Driver's License Number:
2	<p>EMPLOYER – Your employee, the Guarantor, identified above on the right named you as the responsible agency or party that oversees his or her payroll. Pursuant to 4 GCA §4307 and 5 GCA §20111, the Guarantor has elected payroll deduction as an option to satisfy his or her debt with GMHA. Although Guarantor and GMHA has negotiated to settle the Guarantor's GMHA debt through payroll deduction, GMHA will not consider this agreement valid and binding, under the conditions and terms provided herein, until this form (CC001) has been completely filled out and signed by Guarantor and Employer.</p>		
3	<p>TO BE COMPLETED BY EMPLOYER</p> <p>The Guarantor, _____, is employed with _____. The Guarantor is eligible for payroll deduction. The Guarantor's payroll will be deducted in the amount of \$_____ every _____ (insert timing of payroll time period). The total amount of deduction will be _____, beginning on pay period beginning _____ and ending on _____.</p> <p style="text-align: right;"> _____ Name and Title of Authorized Representative Signature Date </p>		
4	<p>TO BE COMPLETED BY GUARANTOR/EMPLOYEE</p> <p>I, _____, the Guarantor, work for _____. I am paid every _____. I agree to pay GMHA, through payroll deduction, \$_____ every _____. I understand that I am agreeing to deduct this payment from my wages or salary beginning on _____, in _____ payroll periods – or until the amount due is paid in full.</p> <p style="text-align: right;"> _____ Guarantor's (Employee's) Signature Date </p>		
5	<p>TERMS OF THIS AGREEMENT – By completing and submitting this agreement, the Guarantor/Employee agrees:</p> <ul style="list-style-type: none"> • You will make each payment so that we receive it at the time specified in Boxes 4 and 5. If a scheduled payment will not be made, contact GMHA immediately. • This Agreement is based on your current financial condition. We may modify or terminate the agreement if our information shows that your ability to pay has significantly changed. You must provide updated financial information when requested. • If you default on your PR Deduction Agreement, or withhold information that may change or affect this agreement, GMHA may terminate this Agreement, pursue collection or <div style="float: right; width: 45%;"> <ul style="list-style-type: none"> utilize legal services to seek full payment of the balance due. • We can terminate your PR Deduction Agreement if you do not make installment payments as agreed, or you do not provide financial information when requested. • If we terminate your agreement, we may collect the entire amount you owe through legal proceedings, collections, or debt recovery service. • This agreement may require managerial approval. We will notify you when we approve or do not approve the agreement. </div>		
6	<p>I _____, Guarantor, having read and reviewed this Payroll Deduction Agreement, agree to the terms and conditions provided herein.</p> <p style="text-align: right;"> _____ Guarantor's (Employee's) Signature Date </p>		
7	<p>FOR GMHA USE ONLY</p> <p style="text-align: center;">[] Approved [] Disapproved</p> <p>GMHA Authorized Representative _____ Signature: _____ Date: _____</p>		