

Permission to Deduct Payment Form

I, _____ (caregiver) am giving Supportive Hands Home Care the permission to deduct a payment in the amount of \$_____ for:

___ Background Check (\$22.00)

___ Child Abuse Clearance (\$13.00)

Background Check, Child Abuse Clearance, and TB Test are required by state law to be updated annually. This permission is a onetime fee deduction. This is in accordance with the new policies and procedures of Wings of Compassion. I authorize that payment will be deducted from my next pay check.

Signature: _____

Date: _____

Print Name: _____