



EMPLOYEE'S LAST NAME	FIRST NAME	M.I.
UNH ID NUMBER	WORK PHONE	PERSONAL OR ALT. PHONE

Requirements

Eligibility

- Benefits-eligible USNH faculty and staff who have been employed for 6+ months
- Faculty must have a full academic-year appointment; staff must be 75% time or greater
- Must have sufficient resources to make the payroll deductions

Financing & Payment Requirements

- Must finance at least \$500.00 in UNH Computer Store purchases; may not exceed \$3,000.00 in deferments
- Payments are a minimum of \$50.00 per pay period up to \$2,000 deferred; \$100 per pay period above
- Employee may elect to pay **more** than the minimum per pay period by request at time of purchase
- The remaining balance may be paid in full at any time
- No partial pre-payments accepted after (optional) down payment
- No returns; exchanges may be allowed if item is defective, subject to terms in Purchase & Sales Agreement

Total amount deferred, minus initial payment:	
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Agreement

I acknowledge that the UNH Computer Store is owned and operated by my employer, USNH. I acknowledge and agree that this agreement is mutually agreed-to between myself and the UNH Computer Store. I have read, fully understand, and agree to the terms throughout this document and I attest that I am eligible for the payroll deduction program as outlined above.

I agree to have _____ **per pay period** deducted from my earnings until the total is paid in full. I attest to the truth of all statements made and agree to fulfill the terms of the plan of payment requested as described herein.

Employee initials

If a balance is due upon separation from USNH for any reason, I agree to notify the store, and I hereby authorize the balance to be paid from my final paycheck. If a balance still remains, I will pay it within thirty (30) days. I understand that failure to do so may result in late fees and/or legal action.

SIGNATURE OF EMPLOYEE	DATE
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<i>Internal use only. Eligibility status checked: individual meets criteria of Employee Payroll Deduction Agreement.</i>		
SIGNATURE OF UNH COMPUTER STORE REPRESENTATIVE	PRINTED NAME	DATE
<input type="checkbox"/> UNH Computer Store Staff: check this box to indicate that the form has been sent to Payroll		