



SHINING STAR FOUNDATION 501(c)(3) VOLUNTARY PAYROLL DEDUCTION AUTHORIZATION FORM

Complete this form to initiate, change or terminate a Shining Star payroll deduction, and submit the completed form by fax 813-280-1017 or email payroll@p3brands.com.

Employee Name: _____ Last Four of Social Security Number: _____

Department/Unit No.: _____ Phone Number: _____

Check the appropriate box below:

- ☐ Initiate payroll deduction
- ☐ Change payroll deduction
- ☐ Terminate payroll deduction
- ☐ One-time payroll deduction

Dollar amount to be deducted each pay period: \$ _____

*minimum of \$1/per paycheck

Dollar amount to be deducted one-time: \$ _____

Please Note: Payroll Deduction, Change or Termination will occur on the first payroll date following the processing of this form. Please allow at least 7 days for processing. All deductions will be after-tax and voluntary.

1. I hereby authorize PT Star Management INC and Phase Three Star LLC dba Hardees (which entities are collectively referred to in this form as the "Company") to initiate a payroll deduction, terminate a payroll deduction, or change a payroll deduction, as appropriate based on the box I have checked above. I represent that this authorization is executed voluntarily.
2. I understand that if I am initiating or changing a payroll deduction, the deduction may not be made if I have insufficient income in a pay period to cover this and all other required (e.g., taxes) and authorized deductions or to the extent prohibited by federal or state minimum wage law and will not hold the Company liable for any deductions not made.
3. I understand that if I am terminating a payroll deduction, the deduction may still be taken during the current payroll cycle due to the time needed to process the termination and will not hold the Company liable for any deductions made.
4. I understand that if I am changing a payroll deduction, the change may not take effect during the current payroll cycle due to the time needed to process the change and will not hold the Company liable for any deductions.

Employee Signature: _____ Date: _____