

**VETERANS CANTEEN SERVICE (VCS)
PARTICIPATION AGREEMENT
PURCHASE PAYMENT BY PAYROLL DEDUCTION**

Privacy Act Notice: The following information is provided to comply with the Privacy Act of 1974 (PL 93-579). The information collected on this form will be used by VCS to identify you as an authorized VA employee customer eligible to participate in the Payroll Deduction Program (PDP); to establish a PDP account on your behalf; and to the administer PDP account transactions. Executive Order 9397 authorizes collection of your Social Security Number. Information collected may be disclosed to an authorized VCS/VA employee responsible for administering and recording purchase and payment transactions to your PDP account. It may also be disclosed to representatives of the U.S. Treasury Offset Payment System (TOPS); to authorized 3rd party debt collection agents; or to agents of any other authorized debt collection service for the purpose of collecting unpaid and /or past due balances for customers no longer employed by the VA. Disclosing of requested information is voluntary; however, failure to provide the information will prevent your participation in the PDP.

EMPLOYEE NAME (Please print)		Social Security Number	
VA Station Number	Extension	Email Address (work)	Date

AGREEMENT

1 - The following constitutes the Agreement between you, the customer, and the VCS regarding your participation in the VCS Payroll Deduction Program (PDP), Completion of Agreement is a condition for using the PDP for purchases in VCS stores, food courts and other identified activities. By your signature below, you agree to the following terms:

A - I will provide my VA Employee ID badge as the sole means of personal identification when making purchases.

B - PDP payments will be deducted from my pay on a bi-weekly basis as long as there is a positive balance to my account. The amount of the bi-weekly deduction will be based on my account balance on the last day of each pay period. The payment schedule is as follows:

<u>Balance</u>	<u>Divided By =</u>	<u>Pay Period Deduction</u>
\$.01 to \$25	1	
\$ 25.01 to \$50	2	
\$ 50.01 to \$75	3	
\$ 75.01 to \$500	4	
\$500.01 to \$600	5	
\$600.01 to \$750	6	
\$750.01 to \$875	7	
\$875.01 to \$1350	8	(payment not to exceed \$125)

C - In the event of the discontinuance of my employment with the VA, I hereby voluntarily consent to any balance still owed to the VCS being deducted from my final salary payment, annual leave payment.

D - If my payroll deduction account is not paid in full when I leave VA employment, I also voluntarily consent to the disclosure of any employment or PDP information permitted by law and necessary to collect the debt I owe VCS. Information may be disclosed to agents of TOPS, 3rd,party collection, or any other collection service/method authorized by law. Information disclosed may include: Social Security Number, amount of unpaid account balances, current or former addresses, telephone numbers, names of financial institutions and accounts, and related personal locator/identifier information.

II - I have read and understand the above Agreement. I fully understand that personal identifying information of the nature described above may be disclosed to collect a valid debt. I expressly agree to the cited terms and conditions of this Agreement.

Customer Signature: _____

VCS Authorizing Official Signature/Date

VA Payroll Verified Eligible By/Date

**Applicant should receive a copy of agreement upon signature.
**One copy should be retained in Canteen Office in locked cabinet until EPD card is web activated. This form should be shredded upon confirmation of activation.