

Shoshone-Paiute Tribes, P.O. Box 219, Owyhee, NV 89832

Payroll Deduction Form

Name: _____ SS# _____

TO THE SHOSHONE-PAIUTE TRIBES PAYROLL DEPARTMENT: *I have this day authorized you to deduct the following amount(s) for the stated reason(s) until further notice from me.*

ATTENTION EMPLOYEES: The effective date for all deductions will be the pay period immediately following the date this form has been signed until further notice from the employee.

<input type="checkbox"/>	Start	<input type="checkbox"/>	Charge	\$ _____	<input type="checkbox"/>	_____ Credit Union
<input type="checkbox"/>	Start	<input type="checkbox"/>	Charge	\$ _____	<input type="checkbox"/>	Debts owed to the Shoshone-Paiute Tribes: Program Name: _____
<input type="checkbox"/>	Start	<input type="checkbox"/>	Charge	\$ _____	<input type="checkbox"/>	Duck Valley Housing Authority
<input type="checkbox"/>	Start	<input type="checkbox"/>	Charge	\$ _____	<input type="checkbox"/>	Health Insurance
<input type="checkbox"/>	Start	<input type="checkbox"/>	Charge	\$ _____	<input type="checkbox"/>	Other - Give Details _____ _____

Employee Signature

Date Signed