STOCKBRIDGE-MUNSEE COMMUNITY
EMPLOYEE PAYROLL DEDUCTION REQUEST FORM

Date of Request: _____

Employee Name _____   **Employee number**_____

TYPE OF REQUEST:

- o   Initiate new deduction
- o   Make Change to current deduction
  (If changing a current deduction, please enter your new weekly deduction in "amount of requested weekly deduction")
- o   Stop current deduction

TYPE OF DEDUCTION:

- o   Stockbridge-Munsee Health and Wellness Center
- o   Stockbridge-Munsee Community Education Department
- o   Pow Wow T-Shirts
- o   Mohican Family Center (Merchandise)
- o   Pine Hills Golf Course(Membership/Merchandise)
- o   Arvid E. Miller Library Museum (Merchandise)
- o   Little Star Convenience Store (Merchandise)
- o   Mohican LP Gas   **Account Number**: _____
- o   Elderly Snow Removal (Minimum $20.00 per week)
- o   Mohican Loan Department   **Account Number**: _____
- o   Stockbridge-Munsee Utilities   **Account Number**: _____
- o   Mohican Housing   **Account Number**: _____

AMOUNT OF REQUESTED WEEKLY DEDUCTION: $ _____

REQUESTED START DATE: _____

REQUESTED END DATE: _____

TOTAL AMOUNT OWED, IF APPROPRIATE: $_____