

**STOCKBRIDGE-MUNSEE COMMUNITY
EMPLOYEE PAYROLL DEDUCTION REQUEST FORM**

Date of Request: _____

Employee Name _____ **Employee number** _____

TYPE OF REQUEST:

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

TYPE OF DEDUCTION:

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

AMOUNT OF REQUESTED WEEKLY DEDUCTION: \$ _____

REQUESTED START DATE: _____

REQUESTED END DATE: _____

TOTAL AMOUNT OWED, IF APPROPRIATE: \$ _____