

**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-Minimum \$25.00 per week)
  
- Mohican LP Gas **Account Number:** \_\_\_\_\_
- Elderly Snow Removal (Minimum \$20.00 per week)
- Mohican Loan Department **Account Number:** \_\_\_\_\_
- Stockbridge-Munsee Utilities **Account Number:** \_\_\_\_\_
- Mohican Housing **Account Number:** \_\_\_\_\_

**AMOUNT OF REQUESTED WEEKLY DEDUCTION: \$** \_\_\_\_\_

**REQUESTED START DATE:** \_\_\_\_\_

**REQUESTED END DATE:** \_\_\_\_\_

**TOTAL AMOUNT OWED, IF APPROPRIATE: \$** \_\_\_\_\_