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 the "amount of
         requested weekly deduction")
☐   Stop current deduction

TYPE OF DEDUCTION:

☐   SM Health and Wellness Center
☐   SM Community Education Department
☐   Pow Wow (t-shirts/vendor)
☐   Pine Hills Golf Course (membership/merchandise)
☐   AE Miller Library/Museum (Merchandise)
☐   Little Star Convenience Store (Merchandise)
☐   Elderly Snow Removal (Minimum $20.00 per week)
☐   Mohican LP Gas   Account Number: _____
☐   Mohican Loan Department
         Home Loan   Account Number: _____
         Personal Loan   Account Number: _____
         Student Loan   Account Number: _____
☐   SM Utilities   Account Number: _____
☐   Mohican Housing
         ATW Rent   Account Number: _____
         Home Buyer   Account Number: _____
         Rent   Account Number: _____
☐   CSA   Account Number: _____
☐   Other (please identify) _____

Amount of requested weekly deduction $ _____

Start Date   _____

End Date   _____

Total Amount Owed, If appropriate: $ _____