



Payroll Deduction Authorization and Cancellation Form

Date: _____

Employee Name (Printed): _____

Type of Request:

- Deduction Authorization
 - Non-Cancelable
- Deduction Cancellation

Purpose:

- Swinomish Housing Authority
- Swinomish Tribe Tallawhalt Mortgage Payment
- Swinomish Utility Authority
- Other _____

Amount: _____

I hereby authorize the Swinomish Casino to process the above request. This request will be effective for all future payrolls until a new form is submitted for processing. I also agree that if this authorization is checked above as **“Non-Cancelable”** that this payroll deduction cannot be cancelled without the written authorization of the Executive Director for the Swinomish Housing Authority or Manager of the Swinomish Utility Authority or Chairperson of the Tallawhalt Committee whichever is applicable.

Employee Signature _____

Witness Signature _____ Date: _____

*****Accounting Only*****

Payroll Code: _____

Date Processed: _____

Signature: _____