



Swinomish Indian Tribal Community

A Federally Recognized Indian Tribe Organized Pursuant to 25 U.S.C. § 475
11404 Moorage Way
LaConner, Washington 98257-0817

Payroll Deduction Authorization and Cancellation Form

Date: _____

Account # _____

Employee Name (Printed): _____

Date Sent: _____

Type of Request:

Initials: _____

- 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 Tribe 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: _____