

## Mille Lacs Band of Ojibwe Payroll Deduction Authorization Form

TO: Payroll Specialist \_\_\_\_\_  
 FROM: Employee Authorization \_\_\_\_\_  
 DATE: \_\_\_\_\_

The Office of Management and Budget is authorized to process voluntary payroll deductions as detailed below:

	<u>Check If Applicable</u>	<u>Lump Sum or on-going</u>	<u>Amount per period</u>
Band Public Works – Garbage	_____	_____	_____
Band Day Care	_____	_____	_____
Ne Ia Shing Clinic	_____	_____	_____
Woodlands National Bank	_____	_____	_____
Mille Lacs Housing Department –Rental	_____	_____	_____
Mille Lacs Housing Department – Repair	_____	_____	_____
Other Mille Lacs Band – Please Specify (_____)	_____	_____	_____
Other Mille Lacs Band – Please Specify (_____)	_____	_____	_____
Minnesota Chippewa Tribe	_____	_____	_____
Gas: (Specify) _____	_____	_____	_____
Personal Savings	_____	_____	_____

**For Office Use Only:**

Entered on payroll system by: \_\_\_\_\_  
 Date entered: \_\_\_\_\_