

Payroll Deduction Authorization Form

Mohawk Council of Akwesasne

EMPLOYEE INFORMATION:

_____	_____	_____
Last Name	First Name	Initial
_____	_____	_____
Employee Number	Program	Department

DEDUCTION INFORMATION:

\$ _____	\$ _____	_____
Total Amount Owing	Pay Deduction Amount	# of Payroll Deductions
Start Date: _____	End Date: _____	

DEDUCTION TYPE: (Please select one of the following)

- | | |
|-----------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Akwesasne Freedom School Donation | <input type="checkbox"/> Hot Lunch Donation / Payment |
| <input type="checkbox"/> PC Purchase | <input type="checkbox"/> Akwesasne Boys & Girls Club |
| <input type="checkbox"/> Akwesasne Holiday Helpers | <input type="checkbox"/> Golf Club _____ |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Union Dues |
| <input type="checkbox"/> Daycare | <input type="checkbox"/> Mgmt Dues |
| <input type="checkbox"/> Fitness Club _____ | <input type="checkbox"/> St. Regis Church Food Pantry |
| <input type="checkbox"/> St. Regis Catholic Church Donation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Akwesasne Minor Sports Assoc. Donation | |

I hereby authorize Mohawk Council of Akwesasne (MCA) to deduct from my wage earnings, any amount owing to MCA as a result of any payments made on my behalf to a third party which has occurred or which may occur during my employment with MCA. I understand and agree that if I cease receiving wages from MCA prior to the repayment of the amount owing, MCA may deduct the balance from my wages. If there is no sufficient wages from which to deduct the amount owing, the remainder will be due and payable within seven (7) calendar days of the date upon which entitlement to salary ceases.

Employee Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Payroll deduction entered: Date entered: _____ WK#: _____

Payroll Officer (Please print name) _____ Payroll Officer Signature

Comments: _____
