



Pueblo of Laguna Utility Authority & K'awaika Hanu Internet Payroll Deduction Authorization & Cancellation Form



DEDUCTION AUTHORIZATION

I, _____, hereby give the _____ Payroll Office
Employee Name Employer

authorization to deduct from my paycheck and remit payment on my behalf to the following:

_____	_____	_____	\$ _____
Company Name	Name on Account	Account #	Amount

_____	_____	_____	\$ _____
Company Name	Name on Account	Account #	Amount

I choose to have payroll deductions withheld from my paycheck in the following manner (check one):

Once per month
 Twice per month
 Every pay period

I request for the deductions to become effective, _____.
Date

_____	_____	_____
Print Employee Name	Employee Signature	Date

DEDUCTION CANCELLATION

I, _____, hereby give the _____ Payroll Office
Employee Name Employer

authorization to cancel the following payroll deductions remitted to the Pueblo of Laguna Utility Authority:

_____	_____	_____	\$ _____
Company Name	Name on Account	Account #	Amount

_____	_____	_____	\$ _____
Company Name	Name on Account	Account #	Amount

I request for the deductions to be cancelled effective, _____.
Date

_____	_____	_____
Print Employee Name	Employee Signature	Date

Inter Office Information

HR Dept.
Rec'd Date: _____
Rec'd By: _____

Payroll Dept.
Entered Date: _____
Entered By: _____

Billing Dept.
Entered Date: _____
Entered By: _____