

**PUEBLO OF ZUNI
PAYROLL DEDUCTION FORM**

EMPLOYEE NO: _____

I, _____ agree to have \$ _____ deducted from my payroll check effective pay period _____ for the following.

<input type="checkbox"/>	Water	Account Name	Account No.	Balance on Account
<input type="checkbox"/>	Mortgage	Account Name [] ZHA [] Zuni Rental Enterprise		Deduction Amount
<input type="checkbox"/>	Eyewear <small>(Eyewear deducted each pay period)</small>	Individual's Name		Total Amount Due
<input type="checkbox"/>	Health Benefits	[] HEALTH	[] DENTAL	[] VISION
		EE AMT _____	EE AMT _____	EE AMT _____
		ER AMT _____	ER AMT _____	ER AMT _____
<input type="checkbox"/>	Other	Please Specify		Total Amount Due

Deductions are to be made as follows,
Please check appropriate box:

- Deduct every pay period
- Deduct 1st payperiod each month
- Deduct 2nd pay period each month
- Deduct One-Time

EMPLOYEE Signature: _____ Date

WITNESSED by: _____ Date