

# Payroll Deduction/ Termination Agreement



## NOTICE OF TERMS

- Please complete the entire form, retrieving your Employee ID number from TimeIPS, if necessary.
- Return the original, signed form to the Payroll Department via one of the options listed below.
- Be sure to keep a copy for your records.

## STEP 1: COMPLETE CONTACT INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
EMPLOYEE ID NUMBER (4-DIGIT)	EMAIL	DAYTIME PHONE	

## STEP 2: SELECT ONE DEDUCTION OPTION

TYPE OF ACCOUNT

- UTILITIES    CHILD CARE    TRIBAL LOAN    SALISH NETWORKS    BROADBAND    HOUSING

## STEP 3: ACCOUNT INFORMATION

ACCOUNT NUMBER

## STEP 4: AUTHORIZE PAYROLL DEDUCTION OR TERMINATION

- I WISH TO BEGIN/CHANGE MY PAYROLL DEDUCTION TO \$ \_\_\_\_\_ PER PAYCHECK
- I WISH TO STOP THE PAYROLL DEDUCTION

## STEP 5: SIGNATURE

*I understand this deduction or change will be effective on the pay date following the receipt date of this form.*

DATE	EMPLOYEE'S SIGNATURE
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PLEASE SUBMIT COMPLETED FORM TO THE **FINANCE WINDOW**  
1<sup>ST</sup> FLOOR, ADMINISTRATION BUILDING, 6406 MARINE DRIVE, TULALIP, WA 98271  
OR EMAIL: **PAYROLL@TULALIPTRIBES-NSN.GOV**