

Payroll Deduction Form

SunUte Community Center

290 Mouache Circle Ignacio, Co 81137

970-563-0214 www.sunute.com

	Tribal Government Perm Fund & Growth Fund
	Sky Ute Casino FT/PT with 24 hours or more who are entitled to benefits
	SUCAP Head Start, Peaceful Spirit, Youth Services, Senior Center
	Housing Authority 760 Shoshone Ave

To: Payroll Department

From: SunUte Community Center- Lisa Olguin

RE: Payroll Deduction- SunUte Membership

The entire amount to be paid is: \$ _____

Amount to be deducted per pay period: \$35 \$39 \$48

Account Number: 41042 11400 110 (To be filled out by Administration)

SUIT Employee Payroll Deduction Rates	Deduction Amount Per Pay Period Employee Only	Deduction Amount Per Pay Period + 1 Add-On	Deduction Amount Per Pay Period + 2 Add-On	Deduction Amount Per Pay Period + 3 Add-On	Deduction Amount Per Pay Period + 4 Add-On
3 Month	\$35-2 payments	\$35- 4 payments	\$35- 5 payments	\$39- 5 payments	\$48- 5 payments
Total Price	\$62.50	\$106.25	\$150	\$193.75	\$237.50
6 Month	\$35-4 payments	\$35- 6 payments	\$35- 8 payments	\$39- 9 payments	\$48- 9 payments
Total Price	\$110	\$187	\$264	\$341	\$418
12 Month	\$35- 5 payments	\$35- 9 payments	\$35- 12 payments	\$39- 14 payments	\$48- 14 payments
Total Price	\$175	\$297.50	\$420	\$542.50	\$665

I hereby authorize the Payroll Department to deduct \$ _____ from my pay check to be applied to my SunUte membership beginning: _____ and ending **until paid in full**.

I would like to donate \$ _____ to the Nana-Ma Giving Program.

I agree that all person(s) will be placed on the membership at the time of sign-up and my deduction will not be changed due to any additions at a later date. **Any additions will be paid for at the time of sign-up and expiration dates will reflect the primary membership.**

The deductions will occur on the 1st and 2nd pay periods of the month. I agree that I am committed to the deductions required to meet the membership price. **I understand the payroll deduction will be taken until the full membership price has been paid for regardless of my use of the facilities.** If employment is terminated, memberships will be suspended until paid in full.

I agree that I am committed to a:

Names of ALL members applied to this deduction:

	3 Month Membership
	6 Month Membership
	12 Month Membership

Employee Signature: _____

Date: _____

Print Legible: _____

Entered By (SU Staff): _____