

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
	Housing Authority 760 Shosone Ave

TO BE COMPLETED BY SUNUTE ADMIN

The entire amount to be paid is \$ _____ Verified _____
 SunUte Membership \$ _____
 Account #: 41042-11400-110
 Nana-ma Donation \$ _____
 Account #41040 11400 110 TRB0111
 Amount to be deducted per pay period: \$35 \$40 \$50 \$ _____

To: Payroll Department
 From: SunUte Community Center
 RE: Payroll Deduction- SunUte Membership

I hereby authorize the Payroll Department to deduct \$ _____ for SunUte membership(s) and \$ _____ for Nana-Ma Donation from my paycheck to be applied to my SunUte Membership/ Nama-Ma Donation **until paid in full.**

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/ donation price. **I understand the payroll deduction will be taken until the membership/donation 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 am committed to:

<input type="checkbox"/>	3 Month Membership
<input type="checkbox"/>	6 Month Membership
<input type="checkbox"/>	12 Month Membership

Names of ALL members applied to the deduction:

Employee Signature: _____

Date: _____

Print Legible: _____

Entered by (SU Staff): _____

SUIT Employee Payroll Deduction Rates	Deduction Amount Per Pay Period Employee Only	Deduction Amount Per Pay Period Employee +1 Add-On	Deduction Amount Per Pay Period Employee +2 Add-On	Deduction Amount Per Pay Period Employee +3 Add-On	Deduction Amount Per Pay Period Employee +4 Add-On
3 Month Total Price	\$35- 2 payments \$62.50	\$35- 4 payments \$106.25	\$35- 5payments \$150	\$40- 5 payments \$193.75	\$50-5 payments \$237.50
6 Month Total Price	\$35- 4 payments \$110	\$35- 6 payments \$187	\$35- 8 payments \$264	\$40- 9 payments \$341	\$50-9 payments \$418
12 Month Total Price	\$35- 5 payments \$175	\$35- 9 payments \$297.50	\$35- 12 payments \$420	\$40- 14 payments \$542.50	\$50-14 payments \$665