



WHITE EARTH TRIBAL BILLING DEPARTMENT

P.O. BOX 270 – WHITE EARTH, MN 56591

PHONE- 218.983.4645, FAX- 833.774.1325

PAYROLL DEDUCTION FORM

EMPLOYEE NAME:_____ EMPLOYEE ID:_____

I authorize my employer (please mark place of employment):

- ☐ White Earth RTC- 6 or less
- ☐ WE Circle of Life (COLA)- 6 or less
- ☐ White Earth Housing- 6 or less
- ☐ Shooting Star Casino- 4 or less
- ☐ White Earth Enterprises- 6 or less
- ☐ Waabigwan- 6 or less

To deduct the amount indicated below from my payroll check. Eligible employees include: Regular Full Time and Regular Part Time. Temporary or Tero employees are not eligible for payroll deductions. Employees are only eligible for one deduction per entity until balance is paid in full.

Refer to the handbook policy 418, Payroll Deductions. Any employee receiving additional services before balance is paid in full may be subject to Policy 301, Personal Conduct. Stop deductions for WERTC entities will not be honored unless the billing is paid in full.

AMOUNT TO DEDUCT: \$_____ OVER _____ PAY PERIOD(S) @ \$_____ PER PAY PERIOD.

INVOICE #_____ ENTITY:_____

I understand and acknowledge this will remain in effect until pay deduction is paid in full, and in the event due to being no longer employed, we have the right to withhold any unpaid balance due to this entity. If unpaid balance is due, this will be deducted from the last payroll check in full.

ADDRESS:

PHONE #:_____

SIGNATURE:_____ DATE:_____