



Mohican LP Gas Company

P.O. Box 70, Bowler, WI 54416
Phone: 715-793-4832 · FAX: 715-793-4853

AUTHORIZATION FOR PAYROLL DEDUCTION

Employee Name: _____ Employer Name: Stockbridge-Munsee Community
 Address: _____ Address: P.O. Box 70
 _____ N9476 MohHeConNuck Rd.
 _____ Bowler, WI 54416

Check One: () Start Plan () Stop Plan () Change in Plan

I elect to have my deduction (check one): _____ one time only
 _____ Each, weekly, payday until paid in full
 _____ each, weekly, until further notice

Date of 1st deduction: _____ Minimum dollar amount *weekly*: \$ 25.00
 Additional Amount (**optional**):+ \$ _____
TOTAL WEEKLY DEDUCTION: \$ _____

Name on Account
 To be applied: _____ Description: LP GAS
 Account No.: _____

Payable to: Mohican LP Gas Company
 P.O. Box 70
 W13817 County Hwy A
 Bowler, WI 54416

I hereby authorize my employer (named above) to deduct from my payroll check the above amount to be deposited into the account (payable to) listed.

 Employee **Print** Name: _____ Date _____

 Employee's **Signature**: _____ Date _____

 Signature of Mohican LP Gas Co. Representative _____ Date _____

FOR OFFICE USE ONLY:

Print Date: 7/26/2012 8:12 PM Date Returned: _____ Date emailed/faxed: _____ Emailed/Faxed by: _____