

AUTHORIZATION
For
MISCELLANEOUS DEDUCTION
(For Navajo Nation Use Only)

I, _____, SSN: _____,
hereby authorize the Payroll Section, Office of the Controller, to deduct
the amount of \$ _____, from my salary each pay period
ending beginning with PPE: _____. This deduction is to
be applied to account number _____,
for _____

_____.

The deductions are to continue until the balance of \$ _____, is
paid in full.

Date

Signature

Dept. No.

APPROVED BY:

Send Payment to:

Program Director Name:

SSN: _____

Address: _____

Department Name:

