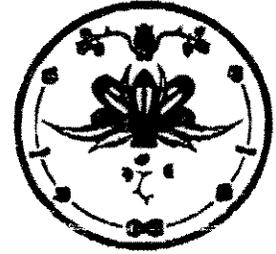




PAYROLL WITHHOLDING REQUEST



TO: PAYROLL DEPARTMENT

FROM: NAME _____

SOCIAL SECURITY NUMBER _____

SUBJECT GENERAL DEDUCTIONS - (NOT TO BE USED FOR DIRECT DEPOSITS)

I, _____, as an employee of the Saginaw Chippewa Indian Tribe hereby request that the Payroll Department withhold \$ _____ bi-weekly from my paycheck for the purpose of _____.

Please forward payments to: _____
Isabella County Trial Court
300 North Main Street
Mt Pleasant MI 48858

Case/Reference # _____

EMPLOYEE SIGNATURE

DATE

Payroll Department Use Only

Input by _____

Date _____