



PAYROLL DEDUCTION AUTHORIZATION FORM

MESCALERO APACHE TRIBAL COURT

Complete this form to initiate a payroll deduction to be submitted to your payroll office. A separate form must be completed for each transaction.

Employee Name: _____ Employee ID No.: _____

Department/Agency: _____ Work Phone: _____

Payroll Dept. Contact Name: _____ Phone No.: _____

Check the appropriate box: [] Initiate payroll deduction [] Change payroll deduction [] Terminate payroll deduction.

ORDER. You, the Employer, are hereby ORDERED to deduct from the above named employee's payroll the amount listed below. You are ordered to begin deductions, on the first pay day after you receive this Order. If the first pay day is within 10 days after you receive this Order, you may begin deductions on the second pay day after you receive this Order. You are ordered to continue deductions until you receive notification to suspend or discontinue deductions. You are further ORDERED to forward to the Mescalero Apache Tribal Court all wage garnishments deducted by you under this order within three (3) business days of the withholding.

Check payable to: _____ Cause No: _____

Payment mailing address: Mescalero Apache Tribal Court PO Box 227 Mescalero, NM 88340 Overnight/Physical Address 159 Deer Trail Mescalero, NM 88340

Monthly Payroll Total Amt. due: \$ _____

Amount to be deducted each month: \$ _____

Final payment: \$ _____

Starting Date: _____ (mm/yy)

Number of Installments:

- [] 12 (1 year) [] 24 (2 years) [] 36 (3 years) [] 1 Full Payment [] Other: _____

Bi-weekly Payroll Total Amt. due: \$ _____

Amount to be deducted each pay period: \$ _____

Final payment: \$ _____

Starting Date: _____ (mm/dd/yy)

Number of Installments:

- [] 26 (1 year) [] 52 (2 years) [] 78 (3 years) [] 1 Full Payment [] Other: _____

- [] Court Order issued by Mescalero Apache Tribal Court is attached. Employee signature not required. [] This is the ORDER of the Mescalero Apache Tribal Court as issued by the Judge's signature below. [] Voluntary payroll deduction request is attached.

(SEAL)

Mescalero Apache Tribal Court

Dated this _____ day of _____, 20____



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MESCALERO APACHE TRIBAL COURT

Voluntary Payroll deduction request.

Voluntary Dividend deduction request.

1. I hereby authorize the Mescalero Apache Tribal Court to initiate a payroll deduction, terminate a payroll deduction, or change a payroll deduction, as appropriate. If this is a Voluntary Dividend deduction request, I hereby authorize the Mescalero Apache Tribal Court to forward and initiate to the Mescalero Apache Tribe.
2. I understand that if I am initiating or changing a payroll deduction, the deduction may not be made if I have insufficient income in a pay period to cover this and all other required (e.g. taxes) and authorized deductions, and will not hold the Mescalero Apache Tribal Court liable for any deductions not made.
3. I understand, if a termination is made in payroll deduction, the deduction may still be taken during the current payroll cycle due to the time needed to process the termination, and will not hold the Mescalero Apache Tribal Court liable for any deductions made. It will be my responsibility to collect from the organization any overpayment that may result.
4. I understand, if a change is made in payroll deduction, the change may not take effect during the current payroll cycle due to the time needed to process the change, and will not hold the Mescalero Apache Tribal Court liable for any deductions. It will be my responsibility to collect from the organization any overpayment or pay the organization any short payment that may result.
5. I understand, if I am requesting a Voluntary Dividend deduction request that #3 and #4 listed above may also apply to my Dividend.

Employee Signature

Date

(SEAL)

Mescalero Apache Tribal Court

Dated this _____ day of _____, 20____.



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EMPLOYER CERTIFICATION

NOTICE TO EMPLOYERS: The Employer must complete and return this certification to the Mescalero Apache Tribal Court within 20 days of receipt.

To be completed by Mescalero Apache Tribal Court:

Date of Order: _____ Date to Employer: _____

Employee Name: _____

Employee Social Security No.: _____ Employee ID No.: _____

Cause No: _____

The remainder of the Employer Certification is to be completed by Employer:

Employer: _____ Phone No: _____

Contact Name: _____ Email: _____

1. The Employer received the Payroll Deduction Order concerning the above named employee on: _____ (date)

2. Check one of the following:

- a. _____ The above named Employee is currently employed with this Employer, or
b. _____ The above named Employee is no longer employed by this Employer.

Please provide the following information for the employees no longer employed:

Employment termination date: _____ Employee current employer (if known): _____

Employee's last known address and phone no. (if known): _____

Signature of Employer Representative

Date

Printed Name

Title

Direct Phone Number

Email Address