

Pyramid Lake Housing Authority

P.O. Box 210, Nixon, NV 89424-0210 (775) 574-1026

VOLUNTARY PAYROLL DEDUCTION FORM

This form, duly signed and dated below, hereby authorizes

(Name of Employer)

(Address of Employer)

To deduct: \$ _____ [] Weekly [] Bi-Weekly [] Monthly from my payroll check.

EFFECTIVE DATE: _____

PAYABLE TO: *Pyramid Lake Housing Authority
P.O. Box 210
Nixon, Nevada 89424-0210*

FOR THE PURPOSE OF: _____

This deduction shall not exceed: \$ _____ monthly.

Employee's Signature

Date

Employer's Signature / Finance Department

Date