



Mohican LP Gas Company

P.O. Box 70, W13817 Hwy Co. A
Bowler, WI 54416

Phone: 715-793-4832 · FAX: 715-793-4853

AUTHORIZATION FOR PAYROLL DEDUCTION

Employee Name: _____ Employer Name: Mohican North Star Casino & Bingo

Address: _____ Address: W12180 Cty Hwy A

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, payday 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:

Employee's **Signature**:

Date

Signature of Mohican LP Gas Co. Representative

Date

FOR OFFICE USE ONLY:

Print Date: 7/26/2012 8:10 PM Date Returned: _____ Date emailed/faxed: _____ Emailed/Faxed by: _____