



New: ____ Update: ____ Increase: ____

FY _____

Payroll Deduction Credit Application

Name _____ Enrollment# _____ D.O.B _____
 Home Address _____ City _____ State _____ Zip _____
 Mailing Address _____ City _____ State _____ Zip _____ Home# _____
 S-S-N# _____ Driver's License # _____ Fax# _____
 Email _____ Cell phone # _____ Work Ph. _____

Employment Information:

Place of Employment _____ Start Date of Employment _____
 Are you Full-Time: _____ Part-Time: _____ Seasonal: _____ Dates of furlough: _____

Do you have any other payroll deductions? (Housing, Credit, ECT.) Yes _____ No _____
 If checked yes, give an estimated monthly deduction total: _____

Verification of Employment:

Did you sign the Release of confidentiality form? This form is filled out with the Human Resource department; this allows them to release information about your employment.
 Yes _____ No _____ if you sign NO, H.R will not release any information, which prohibits us to verify employment and your application will be denied.

Policies:

1. Employment status has to be 1 year at CURRENT YAKAMA NATION TRIBAL PROGRAM.
2. YN Forest Product Employee's you must be employed at least 3 years or longer.
3. Enterprise Employee's must check with your current place of employment to verify if payroll deduction processing is allowed with the Theater.
4. **Provide COPIES OF YOUR LAST TWO PAY STUBS, Tribal Badge & Copy of Driver's License.**
5. There will be a one-time processing fee of \$3.00 for all new PRD applicants.
6. All payroll deductions will be submitted bi-weekly and paid in full.
7. You will notify the Heritage Theater of any changes to your employment such as; terminations, furloughs, job change, address or phone number changes.
8. Purchases made after termination of employment will not be tolerated; you will no longer be allowed to have a payroll deduction account with the Heritage Theater.
9. Credit limits are set on all accounts based on your current net pay and number of years employed.

Should my employment with the Yakama Nation be terminated, I agree that any outstanding balance due to the Heritage Theater will be deducted from my final paycheck, and if my final paycheck does not clear my account, I will make arrangements for a payment plan with the Heritage Theater. I have read and accepted the Heritage Theater Policies as stated above.

Signature _____ Date _____

OFFICE USE ONLY: Reason Pending: _____ Vendor# _____
 Approved: _____ Disapproved _____ Credit Amount \$ _____ Date Entered: _____
 Authorized by: _____