



Leech Lake Band of Ojibwe
DPW/Solid Waste Department
 Robert Budreau- Operations Manager
 115 Sixth St NW Suite E, Cass Lake, MN 56633
 Office: (218)335-4160 Cell: (218)760-1668



Payroll Deduction

ATTENTION: _____ PAYROLL DEPARTMENT

APPLICANT: _____

SS NUMBER: _____

You are hereby authorized to deduct \$ _____ for _____

Bi-weekly / Weekly payments per year for the total amount of \$ _____

and remit directly to program # 1184-13-30360.

I, _____ hereby agree to reimburse Leech Lake Band of Ojibwe, Division of Public Works, Solid Waste Department for services provided.

Applicant signature

Date

Mailing address

Phone

City

Zip

Phone

Office Only:

Operations Manager

Date