

Oglala Lakota College

P.O. Box 490

490 Piya Wiconi Road

KYLE, SOUTH DAKOTA 57752-0490

Telephone (605) 455-6000

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COLLEGE PRESIDENT
THOMAS H. SHORTBULL

BOARD CHAIRMAN
NEWTON CUMMINGS

Oglala Lakota College Payroll Deduction Authorization

I, _____, do hereby authorize Oglala Lakota College Payroll Department to begin a payroll deduction on _____, pay period # _____ in the amount of \$ _____ until the amount owing on my student account, \$ _____, is paid in full.

In the event my employment ceases with Oglala Lakota College for any reason, I agree that any and all money owed me shall be applied to any outstanding balance owed to the College.

It is further understood and agreed that this agreement shall not be altered in any respects without written consent from both parties.

DATED THIS _____ DAY OF _____ 2 _____.

STAFF MEMBER

ID #: _____

RECEIVED on _____, 2 _____.

STUDENT ACCOUNTS

RECEIVED on _____, 2 _____.

PAYROLL MANAGER

WWW.OLC.EDU

CHARTERED BY OGLALA SIOUX TRIBE
ACCREDITED BY THE NORTH CENTRAL ASSOCIATION