

Enemy Swim Day School

Phone (605) 947-4605
Fax (605) 947-4188
Toll Free 888-825-7738

13525 – 446th Avenue
Waubay, SD 57273
www.esds.us

PAYROLL DEDUCTION

I, _____, do hereby authorize the Enemy Swim Day School to withhold \$_____ from each payroll check until the total sum of _____ \$_____ has been withheld. Remit the said amount to _____.

Address: _____

Employee

Date

Business Manager

Date

****NOTE:** This amount will be direct deposited into the vendors account. Paydays are Wednesday's, bi-weekly. Please provide the following information:

Bank Name: _____

Routing Number: _____

Account Number: _____

Please Circle: Savings Checking Loan