



FORT YUMA INDIAN RESERVATION  
QUECHAN INDIAN TRIBE  
QUECHAN UTILITY COMPANY  
1888 SAN PASQUAL SCHOOL ROAD  
WINTERHAVEN, CA 92283  
PHONE: (760) 572-0667 FAX: (760) 572-3867

AUTHORIZATION OF PAYROLL DEDUCTION

Date: \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize the Payroll Department to deduct \$ \_\_\_\_\_  
from my paycheck:

\_\_\_\_\_ Every Pay Period

\_\_\_\_\_ One Time Payment

Payment goes to the: Quechan Utility Company  
P.O. Box 1899  
Yuma, AZ 85366

\_\_\_\_\_ Account No. (If Needed)

\_\_\_\_\_ Account Name Under: (If Needed)

This authorization will be in place until further written notice is received to discontinue deduction.

Comments listed below:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EMAIL COMPLETED APPLICATION TO: [utilitiescoordinator@quechantribe.com](mailto:utilitiescoordinator@quechantribe.com)