

**HEIPA DISTRICT**  
**PO BOX 223 ~ 323 N. LUND ST**  
**VEBLEN, SD 57270**

**Payroll Deduction Form**

On this date \_\_\_\_\_ The Heipa/Veblen District  
and \_\_\_\_\_ agree to the salary deduction of  
\$ \_\_\_\_\_ payable from employer to:

Heipa/Veblen District Loan Repayment  
Account #1014117  
PO Box 223  
Veblen, SD 57270.

This agreement shall be in effect until the entire amount  
\$ \_\_\_\_\_ is paid in full or as long as the above-mentioned  
individual is employed with your department. Whichever  
comes first.

Deduction shall be made as follows:

<b><u>Date</u></b>	<b><u>Amount</u></b>	<b><u>Date</u></b>	<b><u>Amount</u></b>

The undersigned parties agree to the above mentioned  
terms.

\_\_\_\_\_  
Member

PHONE: 605-738-2324

\_\_\_\_\_  
Employer

FAX: 605-738-2379

