NOOKSACK INDIAN TRIBE

5016 Deming Road • P.O. Box 157 •Deming, WA 98244
Administration: (360)592-5176 • Fax: (360) 592-2125

Automotive Shop Promissory Note

Employee Information:

Name: _____ Dept: _____

Vehicle Information:

Year: _____ Make: _____ Model: _____ License Plate: _____

Work to be performed: _____

Estimated Charges: $_____

Payment Type:

☐ Payroll Deduction (The number of payments and payment amount will be determined by the NIT Payroll Department and mutually agreed upon by both parties through a Payroll Deduction Authorization form, which will be provided to the employee after the work is completed based on the final invoice. If the Payroll Deduction Authorization form is not signed, the full invoice amount will be due in full. Please note that this form is not a substitute for the Payroll Deduction Authorization form.)

☐Credit/Debit Card (Due upon completion of the work, payable at the NIT Automotive shop)

☐Cash (Due upon completion of the work, payable at NIT Administration)

Authorization:
I, the undersigned, authorize the Nooksack Indian Tribe Automotive Shop to perform the requested and required work on my vehicle per the estimate given and understand that I am responsible for the outstanding balance on the applicable invoice(s) per the applicable payment type(s) noted above.

Employee Name: _____

Employee Signature: _____ Date: _____

OFFICE USE ONLY:

This request has been reviewed for eligibility and is: **APPROVED** ☐ **DENIED** ☐

Accounting: _____ **Date: _____**