

Main Office (406) 883-7900  
or (406) 675-7900  
Office Fax (406) 883-7919  
Warehouse Fax (406) 883-7923  
Hot Springs Svc. Ctr. (406) 741-3402



**MISSION VALLEY POWER**

Post Office Box 97 \* 36079 Pablo West Road \* Pablo, MT 59855-0097



**PAYROLL DEDUCTION AGREEMENT**  
**SIGN UP MAY-SEPT**

**Must be full time employee that receives a check for 24 pay periods required**

NEW  CHANGE

Name \_\_\_\_\_ **required**

Account number \_\_\_\_\_ **required**

S.S # \_\_\_\_\_ **required**

BR \_\_\_\_\_ MVP loc # \_\_\_\_\_

Department works in: \_\_\_\_\_ **required**

To Payroll department of:  CSKT  SKC  MVP **required**

I hereby authorize and direct you to deduct:

\$ \_\_\_\_\_ (Amount figured by MVP Customer Service), from my paycheck  
every pay period (24 pp per year) **required**

Starting date: \_\_\_\_\_ **required**

I understand that payment is deducted every pay period regardless of credit balance.  
If a payment is missed, MVP will cancel this agreement and remove from payroll  
deduct.

I authorize MVP to adjust my account annually or modify if a rate change is approved  
during the billing period, or if through a routine review the said amount is not  
sufficiently covering the monthly bill.

I understand that I must notify MVP if I want to cancel this agreement.  
**required**

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

Please return to MVP after signing. MVP will send the form to your Payroll office.

Date received by MVP \_\_\_\_\_ Entered by CSR \_\_\_\_\_

Not valid unless dated and signed by MVP.

Cc: Employee Payroll office, email or interoffice mail  
Mission Valley Power