



**Rio Arriba County
Employee Building Rental Deposit Waiver**

NAME: _____

TITLE: _____

DEPARTMENT: _____

EMAIL: _____

I agree to reimburse Rio Arriba County for the building rental security deposit upon failing to follow the policy and procedures for the use of the building rental.

I would like to pay the deposit in the amount of \$ _____ for the County Building Rental Security Deposit.

Payment Options:

- By Payroll (Complete the authorization section)

Payroll Deduction Authorization: (all information in this section must be completed in order to validate payroll deduction).

I _____ wish to pay the security deposit from my paycheck for the County Building. I hereby authorize Rio Arriba County Payroll Department to deduct the amount of \$ _____ from my paycheck.

SIGNATURE: _____ DATE: _____