



Per Capita Department  
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## PER CAPITA VOLUNTARY WITHHOLDING ORDER FRIEND OF THE COURT DEDUCTIONS

MEMBER NAME: \_\_\_\_\_

MEMBER #: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DATE TO START DEDUCTION: \_\_\_\_\_

AMOUNT TO WITHHOLD BI-WEEKLY: \_\_\_\_\_

TOTAL AMOUNT OR INDEFINITE: \_\_\_\_\_

NAME OF COUNTY: \_\_\_\_\_

CASE OR REFERENCE #: \_\_\_\_\_

SEND PAYMENT TO: (ADDRESS)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE