



Per Capita Department
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PER CAPITA VOLUNTARY WITHHOLDING ORDER

MEMBER NAME: _____

MEMBER #: _____

SOCIAL SECURITY #: _____

DATE TO START DEDUCTION: _____

AMOUNT TO WITHHOLD BI-WEEKLY: _____

TOTAL AMOUNT TO WITHHOLD: _____

NAME OF COUNTY: _____

CASE OR REFERENCE #: _____

SEND PAYMENT TO: (ADDRESS)

SIGNATURE

DATE