



## PAY OFF LOAN / DEDUCTION FORM

Per Capita Department  
7500 Soaring Eagle Blvd, MT. PLEASANT, MI 48858  
Phone: 989.775.4040 \* Fax: 989.775.4075

NAME: \_\_\_\_\_  
Please Print full Name

Member #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I hereby authorize the Per Capita Department to withhold my loan payment(s) as indicated:

\_\_\_\_\_ Change amount of loan deduction to \$ \_\_\_\_\_ bi-weekly.

\_\_\_\_\_ Pay off Loan: Deduct the remaining balance owed on my loan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date