



PAY OFF LOAN / DEDUCTION FORM

Per Capita Department
7070 E. BROADWAY, 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