



## PAY OFF LOAN / DEDUCTION FORM

Per Capita Department

7500 Soaring Eagle Blvd, MT. PLEASANT, MI 48858

Phone: 989.775.4040 \* Fax: 989.775.4075 \* Email: [percapita@sagchip.org](mailto:percapita@sagchip.org)

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