



Per Capita Department
7500 Soaring Eagle Blvd
Mt. Pleasant, MI 48858

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AUTHORIZATION FOR RELEASE OF PER CAPITA INFORMATION

The following authorization must be completely filled out and returned for the Per Capita Department to release any information:

Member Name: _____ **Member #:** _____

Last 4 Digits of Social Security #: _____ **Phone #:** _____

INFORMATION REQUEST:

_____ Per Capita Verification Letter: (circle one) **Adult / Child**

_____ Check Stub(s): (circle one) **Adult / Child** _____
Please list date(s) of check stubs needed.

_____ Loan History, Date Range: _____

_____ Check History: Date Range: _____

_____ Tax Form 1099's: (circle one) **Adult / Child** Tax Year(s): _____

_____ Direct Deposit Account History, Account #: _____

_____ Deduction History – Deduction Name: _____

_____ Other – Description: _____

Agency or Person to release information to: _____

Mailing Address / Email Address: _____
Mailing address - Street, City, State & Zip code / Email Address (if applicable)

Fax #: _____ **Contact #:** (_____) _____ - _____

Member Signature: _____

Date: ____/____/____