



Soboba Band of Luiseño Indians

P.O. Box 487, San Jacinto, CA 92581 * 951.654.2765

CANCEL PER CAPITA DEDUCTION AUTHORIZATION

IMPORTANT: Completed form must be received by the 15th of the month.

All requests received after the 15th will not take effect until the following month.

TRIBAL MEMBER INFORMATION		
First	Middle	Last
DEDUCTION INFORMATION		
Payable to/Name:	Amount being withheld:	
	\$ _____	

I am cancelling this Per Capita deduction effective _____ . I understand that in order to
(Date)
change the amount I must complete a new Per Capita Deduction Authorization form.

Signature

Date