



Soboba Band of Luiseño Indians

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

PER CAPITA DEDUCTION AUTHORIZATION

IMPORTANT: This form must be completed with correct and verifiable information.

Please note only the following will be honored: Federal Tax Liens- Voluntary Child Support- Tribal Credit Loans- Tribal Housing Loans- Federal Student Loans-AMIHA- Restitution

| TRIBAL MEMBER INFORMATION | | |
|--|---|------------|
| First | Middle | Last |
| SSN | Home Phone | Cell Phone |
| ACCOUNT INFORMATION | | |
| Bank Name: Account/Loan #: Routing #: | Amount to be withheld: (Raise or Lower) \$ _____ <input type="checkbox"/> Continue deduction until cancelled <input type="checkbox"/> End deduction on this date _____ | |
| Payable To: Name _____ Address _____ _____ | Additional Comments: | |
| CHILD SUPPORT | | |
| Is this Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" enter Amount: \$ _____ Follow District Attorney's Wage Garnishing Order? <input type="checkbox"/> Yes <input type="checkbox"/> No | Payable To: Name _____ Address _____ _____ _____ | |

I hereby authorize Soboba Band of Luiseño Indians (hereinafter "Company") to withhold monies for payment from my Per Capita in the amount specified above. This authorization is to remain in full force until Company has received written notice from me of its termination in such time and in such manner to afford Company reasonable opportunity to act on it. **IMPORTANT: Completed form must be received by the 15th of the month.**

I understand there will be a \$25 service charge each month.

Signature

Updated/Approved 2/17/16

Date