

SAC AND FOX TRIBE OF THE MISSISSIPPI IN IOWA



PER CAPITA DEDUCTION FORM

Complete this form to initiate, terminate, or change a deduction, and submit the completed form to the Fiscal office. A separate form must be completed for each transaction.

Full Name: _____ MEMBER ID: _____

Payment applied to: _____ Phone Number: _____

- | | |
|--|--|
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Public Works – Water / Services |
| <input type="checkbox"/> Tribal Court Fines/Fees | <input type="checkbox"/> Housing – Services |
| <input type="checkbox"/> Trading Post | <input type="checkbox"/> Internet Services |
| <input type="checkbox"/> Loan | <input type="checkbox"/> Other _____ |

Requested Action (What would you like Fiscal staff to do?):

- Initiate Deduction Change Deduction Terminate Deduction

Percent or Dollar Amount to be Deducted: _____

Frequency of Deduction: Monthly One Time ONLY

- I hereby authorize the Sac and Fox Tribe of the Mississippi in Iowa to initiate a per capita deduction, terminate a per capita deduction, or change a per capita deduction, as appropriate based on the box I have checked above.
- I understand that if I am initiating or changing a per capita deduction, the deduction may not be made if I have insufficient income in a period to cover this and all other required (e.g., taxes) and authorized deductions, and will not hold the Sac and Fox Tribe of the Mississippi in Iowa liable for any deductions not made.
- I understand that if I am terminating a per capita deduction, the deduction may still be taken during the current payment cycle due to the time needed to process the termination, and will not hold the Sac and Fox Tribe of the Mississippi in Iowa liable for any deductions made. **It will be my responsibility to collect from the organization any overpayment that may result.**
- I understand that if I am changing a per capita deduction, the change may not take effect during the current payment cycle due to the time needed to process the change, and will not hold the Sac and Fox Tribe of the Mississippi in Iowa liable for any deductions. It will be my responsibility to collect from the organization any overpayment or pay to the organization any short payment that may result.

Initiator Signature Date

Fiscal Approval Signature Date

*** Fiscal Office ***	
Fiscal Office Received Sign	Date
Fiscal Office Action Complete	Date