

## PER CAPITA PROPANE DEDUCTION FORM

Voluntary Involuntary Garnishment

	ID#:
Member Name (please print):	
Last four digits of your Social Security Number:	<u>XXX-XX-</u>
Account Information	
Payment Applied To: 🗌 Self	Other Account
Account Number:	
Name on Account:	
PAYMENT INFORMATION	Notes:
Payment Amount: \$	
Total Amount Due: \$	
CHECK ONE: I elect to have my deduction	<ul><li>Once a Month</li><li>One Time Only</li></ul>
CHECK ONE: Start in Plan	Change in Plan Stop in Plan
I hereby authorize Fond du Lac to deduct from my Per Capita payment.	

Γ

Signature

Date

This form can be returned by mail to Fond Du Lac Payroll Dept., 1720 Big Lake Road, Cloquet, MN 55720 Faxed to 218-878-7373 or dropped in the gray box outside the Tribal Center