



VOLUNTARY

Authorization for Deduction

Southern Ute Indian Tribe
Dept. of Finance

PO Box 1410 Ignacio, Colorado 81137
MAIN (970) 563-0100 | FAX (970) 563-0335

TRIBAL DIVIDEND **ELDERS PAYMENT** **MITIGATION (18 TO 21YRS)**

I hereby authorize the Finance Department to deduct the following per distribution for:

➤ SOUTHERN UTE UTILITIES DIVISION \$ _____ ACCT # _____

One-Time ____ or Reoccurring ____ (Begin Date __/__/____, End Date __/__/____)

Allowed deductions are only for specific deductions as listed above. I understand Finance will continue to make this deduction from my check until I terminate this arrangement by signing below or until notified by the department that this bill is paid in full.

Signature

Date

Please Print Name

Census #

Email Address

Phone #

FINANCE DEPT TERMINATION SECTION ONLY:

Please terminate my deduction effective _____

Signature

Date

Please Print Name