



PRAIRIE BAND POTAWATOMI NATION

PER CAPITA OFFICE

16281 Q Road Mayetta, KS 66509

(866) 277-3722 Toll Free

(785) 966-3993 Phone

(785) 966-3917 Fax

VOLUNTARY GARNISHMENT AGREEMENT

Must be received at least 14 days before Per Capita Distribution Date

Name:

Address:

City / State / Zip:

Phone Number:

Enrollment Number:

(Attach bill or other documentation for payment)

REASON FOR GARNISHMENT:

AMOUNT OWED:

GARNISHMENT PAYABLE TO:

I, _____, agree by my signature to voluntarily deduct the above listed amount from my _____ per capita payment. I understand that any changes to this agreement must be done no later than fourteen days before the per capita distribution date.

Tribal Member Signature

Date