



Finance Department
ATT: MEMBERSHIP DISTRIBUTION
6406 Marine Drive
Tulalip, WA 98271

MEMBERSHIP LOAN DEDUCTION REQUEST

NAME: _____ TRIBAL ID # _____

This form is submitted voluntarily to request my loan payments be withheld from my monthly membership distribution. This form should be filled out in full to ensure timely processing.

DEDUCTIONS:

Start Date of Deductions: _____ (1st of month following submission if not listed here)

Monthly Payment amount \$

Choose one:

- Monthly Membership Distribution (One deduction)**
- Monthly Senior Distribution (Two deductions)**
- Bi-monthly Elder Support Distribution (Two deductions)**
- Bi-monthly Disability Support Distribution (Two deductions)**

Please return directly to the Finance Department, cashiers window.
You may EMAIL membershipdistribution@tulaliptribes-nsn.gov or FAX 360-716-0304.

Please check both boxes below and sign and date this form. These boxes must be checked or it will delay the processing of payment set up.

- I certify that the original tribal loan I received, which I am currently making payments, was used to pay housing/mortgage, utilities, child care or other general welfare living expense. Therefore, I am requesting that my loan payments be deducted from my monthly general welfare payment
- I understand and agree that the IRS has the ability to determine these payments are not in fact General Welfare Qualifying and may require the signatory to pay taxes on these loans and/or payments at some time in the future

Signature

Date

FORM MUST BE RECEIVED:

**BY 5TH of the MONTH TO BE EFFECTIVE FOR THE 15TH CHECK DISTRIBUTION OR
BY 18TH of the MONTH TO BE EFFECTIVE FOR THE CHECK DISTRIBUTION ON THE 1ST.**