

## Request for Federal Income Tax Withholding From Elder Security Monthly Payment

Roll Number:						
Social Secur	ity Numbe	er:				
Name:						
Address:						
	City	State	Zip			
Please choo	se one of	the following o	options:			
I want to monthly pay Or		Federal Income	e Tax withholding	rate from my Elder Securit	Ÿ	
Amount	I want wit	hheld from eacl	h Elder Security n	nonthly payment: \$		
Signature				Date		
Mail or deli	ver reque	st to:				
Finance De	<b>-</b>					
		of Grand Rone	de			
9615 Grand	Konde R	oad				

Grand Ronde, Oregon 97347

NOTE: If you do not return this form, no Federal income tax will be withheld from your Elder Security payment.