

## \*\*\*TO RECEIVE DIRECT DEPOSIT THIS FORM NEEDS TO BE RETURNED NO LATER THAN JULY 31<sup>ST</sup>\*\*\*HANDWRITING MUST BE LEGIBLE\*\*\*

# <u>Indian Township Tribal Government Census Department</u> P.O. Box 301

#### <u>Princeton, ME. 04668</u> <u>Phone: (207) 796-2301 ext.6114 Fax: (207) 796-2640</u> <u>Address Certification</u>

Last Name	First Name		Middle Suffix		
Full Name of Minor's Parent / I	egal Guardian / l	Power of Attor	nev if Applica	hle	
A an itamo of itamor of arche,	ogai Guai dian / I	owel of Attor	псу п Арриса		
Social Security / Social Insuranc	e #		ty fallant	Date of Birth	
Mailing Address:					
City	State	Zip (	Code	Country	
Legal Physical Residence:					
		Street	Address (No P.O.	Box)	
City	State	Zip (	Code	Country	
Telephone #		Cell/Alt #			
Email:	COMMITTED AND A STATE OF THE ST				
Marital Status: Single	Married	Divorced	Widow	Other	
Are you in the Military:	SERVEL DE LE CALLET	Are you in Sc	hool:		
Resident	Service Area of I	ndian Townsh	ip, ME	Non-Resident	
Are you listed as a Member of an	other Tribe, Ban	d or Nation?	Yes	No	
If Yes, please provide the Name a	and Address of Tr	ibe, Band or N	Nation:		
Signature of Member or Devent	Cuardian	Date	Notary/or c	ancus clarly	Date
ignature of Member or Parent/Guardian Date		Date		ner of Oaths	Date
			Date Commission Expires		



\*\*\*\*NOTE\*\*\*\*
DIRECT DEPOSIT IS OPTIONAL.
PLEASE DISREGARD IF YOU DO NOT
WANT DIRECT DEPOSIT
U.S. BANKS ONLY

### \*\*\*\*HANDWRITING MUST BE LEGIBLE\*\*\*\*

# DIRECT DEPOSIT AUTHORIZATION FORM FOR PER CAPITA DISBURSEMENTS ONLY

Full Name of Tribal Member:				
Celephone # Email:				-
I hereby authorized the Passamaquoddy credits and if necessary, any debit entries my Checking or Savings Account below:	es & adjustmen	nment to d ts for any	<mark>eposit my Per Capit</mark> credit entries in erro	a or into
****HANDWRITI	NG MUST BE	LEGIBLE	<del>}***</del>	
Name of Bank:				
Bank Routing Number: _				
Account Number:				
Checking Account:				
***PLEASE ATTACH A VOIDED CHECK OR	LETTER FROM BAN	K WITH ACC	OUNT INFORMATION****	
Notice to Parents/Guardians: If this member is a minor, the pare guardian authorized to receive payment for this minor.	nt or guardian signing n	nust have a mine	r applicant on file with the same	e parent or
Complete for Minors Only:		VEC	NO	
The year me regime to the	tanacit?	YES		
Do you want to include Minor(s) with Parent/Guardian Direct D  List Minor(s) below if included with same Bank Account Inform		163		
Signature of Tribal Member or (Parent/Guardian)		Date		
FOR OFFICE USE ONLY		VERIFY AN	D SIGN ONCE ENTERED	
Signature of Tribal Census Clerk/Finance Dept.		Da	te:	