

*****THIS FORM MUST BE RETURNED BY SEPTEMBER 30TH OF EACH YEAR*****

DIRECT DEPOSIT IS OPTIONAL.

IF YOU WOULD LIKE TO CANCEL DIRECT DEPOSIT PLEASE SPECIFY

******HANDWRITING MUST BE LEGIBLE******

DIRECT DEPOSIT AUTHORIZATION FORM
FOR PER CAPITA DISBURSEMENTS ONLY

Full Name of Tribal Member: _____

Telephone # _____ **Email:** _____

I hereby authorized the Passamaquoddy Tribal Government to deposit my Per Capita credits and if necessary, any debit entries & adjustments for any credit entries in error into my Checking or Savings Account below:

Name of Bank: _____

Bank Routing Number: _____ (9 digits)

Account Number: _____

Checking Account: _____ **Savings Account:** _____ (please select only 1 account)

****PLEASE ATTACH A VOIDED CHECK OR LETTER FROM BANK WITH ACCOUNT INFORMATION****

Notice to Parents/Guardians: If this member is a minor, the parent or guardian signing must have a minor applicant on file with the same parent or guardian authorized to receive payment for this minor.

Complete for Minors Only:

Are you the legal Guardian of the minor Tribal Member? YES ___ NO ___

Do you want to include Minor(s) with Parent/Guardian Direct Deposit? YES ___ NO ___

List Minor(s) below if included with same Bank Account Information:

_____	_____
_____	_____
_____	_____
_____	_____

Signature of Tribal Member or (Parent/Guardian)

Date

FOR OFFICE USE ONLY

VERIFY AND SIGN ONCE ENTERED

Signature of Tribal Census Clerk/Finance Dept.

Date: