



Gila River Indian Community

Per Capita Office

PCO = PER CAPITA OFFICE

SEND ORIGINAL TO PCO

Per Capita Payment Method Change

GRID #: _____

Social Security # _____ - _____ - _____

Name (print): _____

Contact Phone #: _____

(Select A or B below)

(A) My signature below authorizes the Per Capita Office to change my per capita payment method as follows:

Change To (New)

(check one below)

- Check: Pick-up in person
- Check: Send by mail
- Pay Card (debit account)
- Direct Deposit *(Complete a per capita direct deposit form, and attach a voided check or bank- issued document.)*

Change From (Current)

(check one below)

- Check: Pick-up in person
- Check: Send by mail
- Pay Card (debit account)
- Direct Deposit

(B) I am currently receiving my per capita disbursement using direct deposit. My signature below authorizes the PCO to change my bank account information per the new direct deposit form and bank documents, which I have attached.

Signature for (A) or (B)

Date

(Sign and date on same day as Notary Public or PCO staff verification.)

(Select C or D below)

(C) Notary Public: (Required if mailing in or using drop box). All blanks must be filled.

State of: _____)

County of: _____)

On this _____ day of _____, 20____, before me personally appeared,

(name required), whose identity was proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledges that he/she signed this application.

Notary Public

My Commission Expires

(D) PCO USE ONLY (For walk-in identity verification)

Gila River ID #: _____ Type ID Presented: _____ ID#: _____

Date Verified: _____ PCO Staff: _____ Agent Signed:



PER CAPITA DIRECT DEPOSIT FORM

(Direct Deposit to Checking/Savings Account)

Member Name on Bank Account: _____ Gila River ID#: _____

Contact Phone: _____ Social Security #: _____

For checking account deposit (required):

- A voided check (with name preprinted on the check) for verification of the depositor's account, *or*
- Obtain a document from your bank which contains your name, routing/transit number and account number.

For savings account deposit (required):

Ask your bank to give you a document which contains your name, routing/transit number and account number. It is not always the same as the number on your savings deposit slip. This will help ensure that you are paid correctly.

All sections must be completed. Attach the required bank document(s).

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Action Type: (check one) <input type="checkbox"/> Set up new direct deposit <input type="checkbox"/> Change banking information | Account Type: (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Bank Name/City/State: | |
| Bank Routing / Transit Number: | Bank Account Number: |

- I hereby authorize the Gila River Indian Community Per Capita Office ("GRIC PCO") to deposit my ENTIRE Per Capita payment by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any entries indicated by GRIC PCO to my account.
- Direct Deposit will be effective with the next quarterly Per Capita distribution as long as the completed form is accurate and received by the GRIC PCO at least 30 days prior to the Per Capita Distribution date.
- In the event that GRIC PCO deposits funds erroneously into my account, I authorize GRIC PCO to debit my account for an amount not to exceed the original amount of the erroneous credit.
- This authorization is to remain in full force and effect until GRIC PCO and Bank have received written notice from me of its termination in such time and such manner as to afford GRIC PCO and Bank reasonable opportunity to act on it.
- Furthermore, I understand that I am fully responsible for notifying GRIC PCO of my cancellation in writing prior to closing my account with Bank. However, if in the event, it is an emergency to close my account due to possible theft, fraudulent activities, or at the request of my bank, I further understand that it is my responsibility to notify GRIC PCO of the cancellation as soon as possible and that I may be subject to missing the transmission deadline that could cause a further delay in retrieving monies sent.

Signature: _____ **Date:** _____

Can mail completed form (with application or payment method change form) to:

- DO NOT FAX -

GRIC Per Capita Office P.O. Box 338 Sacaton, AZ 85147

Sample check routing and account information:

