



**PRAIRIE BAND POTAWATOMI NATION
GOVERNMENT CENTER
MEMBER SERVICES/PER CAPITA**

**16281 Q RD
MAYETTA, KS 66509
877-715-6789 Toll Free
785-966-3917 Fax**

**PRAIRIE BAND POTAWATOMI NATION
PER CAPITA PAYMENT OPTION FORM**

**PLEASE FILL OUT THIS FORM COMPLETELY AND RETURN BY MAIL OR FAX TO THE PBPB
MEMBER SERVICES OFFICE NO LATER THAN 30 DAYS PRIOR TO PER CAP
DISTRIBUTION.**

NAME: _____ ROLL # _____

ADDRESS: _____

PHONE NUMBER (H): _____ (C): _____

I HAVE SELECTED THE FOLLOWING PAYMENT OPTION FOR MY QUARTERLY PER CAPITA
AND UNDERSTAND I MUST CONTACT THE MEMBER SERVICES OFFICE IN WRITING IF I
WANT TO CHANGE MY PAYMENT OPTION

____ OPTION 1: PLEASE DEPOSIT MY PER CAPITA ON TO A PBPB VISA DEBIT CARD

____ OPTION 2: PLEASE MAIL MY PER CAPITA CHECK TO THE ADDRESS PROVIDED ABOVE

____ OPTION 3: PLEASE DIRECT DEPOSIT MY PER CAPITA IN TO MY PERSONAL BANK
ACCOUNT

NAME OF BANK: _____

ROUTING #: _____ ACCOUNT #: _____

CHECKING: _____ SAVINGS: _____ (PLEASE CHECK ONE)

*****THIS FORM NOT VALID UNLESS SIGNED BY MEMBER*****

SIGNATURE: _____ DATE: _____

PLEASE DO NOT WRITE BELOW THIS LINE

OFFICE USE ONLY

RN: _____

DE: _____

EN: _____

AP: _____ DN: _____ DD: _____

NOTE: _____

____ TEAMS

____ PCREACH

____ Withholding _____%

