



**PRAIRIE BAND POTAWATOMI NATION
PER CAPITA OFFICE
16281 Q RD
MAYETTA, KS 66509
(866) 277-3722 TOLL FREE
(785) 966-3917 FAX**

OPTIONAL

WITHDRAWAL FROM DIRECT DEPOSIT

Date: _____

Roll #: _____

Name Printed: _____

Social Security Number: _____

By signing below and returning this form to the Per Capita Office, I understand, acknowledge, and agree to the following:

- 1. My Per Capita payments will no longer be direct deposited into my bank account.**
- 2. My Per Capita payments will be mailed to the following address.**

Signature: _____ **Date:** _____

OFFICE USE ONLY:

RN: _____ EN: _____ T
EDOW: _____ END: _____ N
AP: _____ DN: _____ DD: _____
