



**PRAIRIE BAND POTAWATOMI NATION
PER CAPITA OFFICE**

16281 Q Road Mayetta, KS 66509
Phone (785) 966-3993
Fax (785) 966-3917

PER CAPITA PAYMENT OPTION FORM

Must be received at least 14 days before Per Capita Distribution Date

NAME: _____ ROLL # _____

SOCIAL SECURITY # _____ DOB: _____

MAILING ADDRESS: _____

CITY / STATE / ZIP: _____

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

____ OPTION 1: MAIL A CHECK FOR MY PER CAPITA TO THE ADDRESS LISTED ABOVE

____ OPTION 2: DIRECT DEPOSIT MY PER CAPITA INTO MY BANK ACCOUNT
(We do not recommend that you deposit your money into someone else's account)

NAME OF BANK: _____

(If you are loading a Pre-Paid Debit Card, the debit card number IS NOT your account number)

ROUTING # _____ ACCOUNT # _____

CHECKING _____ SAVINGS _____ (Please Mark Type of Account)

____ OPTION 3: HOLD MY CHECK IN OFFICE FOR PICK-UP ON THE DISTRIBUTION DATE

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

SIGNATURE: _____ DATE: _____