

PENOBSCOT NATION TRUST FUND
Member Information Update & Direct Deposit Form

Please complete this form and send to: Penobscot Nation Finance Office, 12 Wabanaki Way Indian Island, ME 04468 Fax: 207-817-7309. Phone: 207-817-7311 (Angie Brown) E-mail: trustfund@penobscotnation.org

MEMBER INFORMATION

Tribal Member Name: _____ Social Sec. No. _____
If completing this form for someone else, what is your relation to the Tribal Member? _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Phone: (Home) (____)-____-____ (Cell) (____)-____-____ Email: _____



Complete for Minors ONLY:

Are you the legal Guardian of the minor member? Yes ___ No ___
Is your residence the primary residence for this minor member? Yes ___ No ___

Notice to Parents: If this member is a minor, the Parent or Guardian signing this form must have a "Minor Application/Change Form" on file with the same Parent or Guardian authorized to receive payment for this minor. If not, please request and complete a "Minor Application/Change form" to accompany this update form.



I hereby certify the information provided on this form is correct.

Printed Name Tribal Member/Parent/Guardian: Signature Date

Notary Public Certification

I, _____, being a Notary Public, hereby certify the above stated person did appear before me and presented proper identification and documentation to verify they are the person as presented and the foregoing application made is true and of his/her own free act and deed.

Date: _____ Notary Public #: _____ Date Commission Expires: _____

Take Advantage of Direct Deposit! Receive Your Per Capita Earlier Than a Paper Check!

DIRECT DEPOSIT INFORMATION

**This information is encouraged but optional:*

Do you want direct deposit to your bank account: Yes ___ No ___ (If "No", do not complete this section)
Bank Name: _____ Telephone: _____
Address: _____
City/Town: _____ State _____ Zip _____
Name on Bank Account: _____ Type of Account: Checking ___ Saving ___

PLEASE ATTACH A VOIDED CHECK TO VERIFY YOUR BANK ACCOUNT NUMBERS.

I authorize Penobscot Nation to initiate debit or credit entries to my checking or savings account specified above.

Signature: _____ Date: _____
Tribal Member – Parent - Guardian

Finance Office Use Only: Direct Deposit Data Verified by: _____ on ____/____/____ (version 10-14-14)
Initials Date (mm/dd/yyyy)