



Passamaquoddy Tribal Government

Census Department
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PASSAMAQUODDY TRIBAL GOVERNMENT PER CAPITA DIRECT DEPOSIT **AUTHORIZATION AGREEMENT**

Full Name of Tribal Member: _____

Address: _____ DOB: _____

City: _____ State: _____ Zip Code: _____

Telephone # _____ Email: _____

(Advice Slips only available with Email Address)

I hereby authorize the Passamaquoddy Tribal Government to deposit my Per Capita credits and if necessary any debit entries & adjustments for any credit entries in error into my Checking or Savings Account specified below:

Name of Bank: _____

Address: _____ Tele. #: _____

City: _____ State: _____ Zip Code: _____

Bank Routing Number: _____ (9 digits)

Account Number: _____

Checking Account: _____ Savings Account: _____ (Please select only 1 Account)

****PLEASE ATTACH A VOIDED CHECK or LETTER FROM BANK WITH ACCT. INFO****

Notice to Parents/Guardians: *If this member is a minor, the parent or guardian signing must have a minor applicant on file with the same parent or guardian authorized to receive payment for this minor.*

Complete for Minors Only:

Are you the legal Guardian of the minor Tribal member? Yes _____ No _____

Do you want to include Minor(s) with Parent/Guardian Direct Deposit? Yes _____ No _____

List Minor(s) below if included with same Bank Account Information:

Signature of Tribal Member (or Parent/Guardian)

Date

**FOR OFFICE USE ONLY:
VERIFY DATE AND SIGN ONCE ENTERED**

Signature of Census Clerk

Date