
2014 PER CAPITA PAYMENTS

2014 Per Capita payments is fast approaching. **All 2014 per capita payments will be made by direct deposit ONLY.** If you **do not** have an active direct deposit form on file with Tribal Member Benefits or if you have any **changes** to your current banking account or address, please mail in the attached direct deposit form to be processed. All new/changes Direct Deposit Forms must be received by Tribal Member Benefits by **5:00 p.m. (CST) Friday, November 15, 2013.**

Your 2014 Per Capita Amount Letter and Options Form will be forthcoming.

REMINDER, ALL 2014 PER CAPITA PAYMENTS WILL BE BY DIRECT DEPOSIT ONLY.

If you have no changes to your address or current account information, you DO NOT have to mail in this form or contact Tribal Member Benefits.

DIRECT DEPOSIT FORM

For your convenience, a Direct Deposition Form is provided on the next page. If you need to submit a new or updated Direct Deposit Form, please remove and complete the included form and return it with a voided check to the Tribal Member Benefits Department, 5811 Jack Springs Road, Atmore, AL 36502, no later than November 15, 2013. Instructions to complete the form are as follows:

1. Fill in "Tribal Member Name" and "Roll #"
2. Fill in "Name of Financial Institution" and "Address of Financial Institution"
3. Fill in "Routing Number" and "Account Number"
4. Please indicate if the account is "Money Market", "Checking", or "Savings"
5. Please sign form in front of Notary Public
6. Attach voided check and mail to Tribal Member Benefits Department no later than November 15, 2013



Poarch Band of Creek Indians Direct Deposit Agreement Form

Tribal Member Name: _____ Roll#: _____

Agreement

Authorization Agreement

I hereby authorize Poarch Band of Creek Indians to initiate automatic deposits to my account at the financial institution named below. I also authorize Poarch Band of Creek Indians to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Poarch Band of Creek Indians responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Poarch Band of Creek Indians receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Tribal Member Benefits Department.

Account Information

Name of Financial Institution: _____

Address of Financial Institution: _____

Routing Number: _____

Account Number: _____

_____ Money Market Account _____ Checking Account _____ Savings Account

Notarized Signature

Notarized Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Signed before me this _____ day of _____, _____

Notary: _____

My Commission Expires: _____

Please attach a voided check for payments to checking accounts and return this form to the Tribal Member Benefits Department.