

Census# _____
(Optional)

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 (Shannon Smith)
E-mail Shannon.Smith@penobscotnation.org

MEMBER INFORMATION

Tribal Member Name: _____ Social Sec. No. _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) () - - (Cell) () - - Email: _____

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.

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 ___

In the event you are completing this form for someone other than yourself, what is your relationship to the Tribal Member? _____

I hereby certify this information provide on this form is correct.

Tribal Member – Parent – Guardian: Printed Name _____ Signature _____ Date _____

Notary Public Certification

I, _____, being a Notary Public, hereby certify that the above state 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 _____

Bank Routing Number: _____ Bank Account Number: _____

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 10-14-21)
Initials Date (mm/dd/yyyy)