



**\*\* ENROLLMENT UPDATE FORM \*\***

SEND FORM:  
NEZ PERCE TRIBE  
ATTN: ENROLLMENT  
P.O. Box 365  
Lapwai, Idaho 83540  
Phone: (208) 843-2253  
Fax: (208) 843-7354  
Email:  
nptec@nezperce.org

**RAMAH SETTLEMENT  
ONLY REQUIRED IF ANY CHANGES**

**NEED TO BE MADE TO YOUR ENROLLMENT FILES.  
IF THERE ARE NO CHANGES, WE WILL PROCEED WITH THE  
INFORMATION THAT WAS PREVIOUSLY SUBMITTED ON YOUR LAST  
FORM.**

**PRIORITY DEADLINE FORM DUE BACK: 11/04/16**

**UPDATE CONTACT INFORMATION:**

Name: \_\_\_\_\_ (Jr., Sr., etc.) Enrollment #: \_\_\_\_\_  
Other Names Used: \_\_\_\_\_ DOB: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
EmailAddress: \_\_\_\_\_

**CHANGE OF HOW PAYMENT IS RECEIVED OR UPDATE BANK INFO:**

- Adults:** Please check only one of the following:  Check  Direct Deposit  
*(If you elect direct deposit, please fill out Direct Deposit Authorization below.)*
- Incapacitated Person:** Please Make Check Payable in Care of: \_\_\_\_\_  
(Must also include documentation establishing your authority to receive this payment on the person's behalf)
- Elder Deferral of distribution for up to (1) year for SSI or various other reasons**  
(Contact Nez Perce Tribe Finance Department (208) 621-3840 to schedule payment arrangements)

**DIRECT DEPOSIT AUTHORIZATION**

**NOTE: DIRECT DEPOSIT IS NOT AVAILABLE OUTSIDE OF THE UNITED STATES**

I authorize the Nez Perce Tribe to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account at the Depository (Bank) named below:

Depository (Bank) Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Bank Phone #: \_\_\_\_\_  
Account #: \_\_\_\_\_ Transit/Routing No #: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_

Please check one:  Checking Account  Savings Account

**VOIDED CHECK**  
**MUST BE INCLUDED (fax/photo copies/scans will be accepted)**  
*If your account does not have checks or preprinted deposit slips, ask your bank to provide a "counter check" for your submission.*

I understand this authority will remain in full force and effect for future gaming distributions until the Nez Perce Tribe has received written notification from me of its termination, in such time and in such manner as to afford The Nez Perce Tribe and Depository reasonable opportunity to act on it.

Signature of Tribal Member: \_\_\_\_\_ Date: \_\_\_\_\_

**IT IS IMPORTANT TO KEEP YOUR ADDRESS AND BANK INFORMATION CURRENT WITH ENROLLMENT AT ALL TIMES. FAILURE TO DO SO MAY CAUSE DELAYS IN YOUR RECEIPT OF YOUR DISTRIBUTIONS.**