



- ADULT MINOR (17 & Younger as of 3/18/22)
- INCAPACITATED OPT OUT OF DISTRIBUTION

**** ENROLLMENT UPDATE FORM ****
 (separate form needed for each individual)

SEND FORM:
 NEZ PERCE TRIBE
 ATTN: FINANCE
 P.O. Box 365
 Lapwai, Idaho 83540
 Phone: (208) 843-7317
 Fax: (208) 843-7319
 Email:
 grapchange@nezperce.org

IF YOU ARE UNCERTAIN, PLEASE SUBMIT THIS FORM TO ENSURE INFORMATION IS ACCURATE.

ONLY REQUIRED IF ANY CHANGES.
IF THERE ARE NO CHANGES, WE WILL PROCEED WITH THE INFORMATION THAT WAS PREVIOUSLY SUBMITTED ON YOUR LAST FORM.

(PRINT CLEARLY AND FILL OUT COMPLETELY)

Name: _____ (Jr., Sr., etc.) Enrollment #: _____

Other Names Used: _____ DOB: _____

Social Security #: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Minor's Selection (this choice will remain in effect for future Gaming distributions unless you notify Enrollment):

- 50% disbursed to parent/guardian (50% into Trust until age 18)
- Check – Make Check Payable in Care of: _____
- Direct Deposit - Fill out Authorization below
- 100% into Trust until age 18 (No disbursement to parent/guardian)

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: _____
 (you must also include documentation establishing your authority to receive this payment on the person's behalf)

DIRECT DEPOSIT AUTHORIZATION
NO PRE-PAID/RELOADABLE CARDS OR OUT OF THE COUNTRY DIRECT DEPOSITS
 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

I understand this Direct Deposit 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 (Bank) 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.