



Stockbridge-Munsee Community

FY-2020 PER CAPITA APPLICATION

DEADLINE: FRIDAY, AUGUST 28th, 2020 at 4:30 p.m.

PRINT CLEARLY

Return **ORIGINAL** completed form to:
Stockbridge-Munsee Community
Enrollment Department
P.O. Box 70, N8476 MohHeConNuck Rd.
Bowler, WI 54416

Section 1: Member Information

Enrollment No.: _____ DOB (MM/DD/YYYY): _____ Last 4-Digits of SSN: XXX-XX- _____

Full Legal Name: _____
First Middle Last Suffix/Maiden (if any)

Contact Info: Primary Phone: () _____ Mobil Phone: () _____

Email Address (required for direct deposit): _____

List address for all tribal mail/correspondence below:

Mailing Address: _____
Street or P.O. Box / Apt. # City / State / Zip Code

DIFFERENT Address for Check: Complete if you would like your Per Capita check sent to a different address than your mailing address.

Address: _____
Street / P.O. Box / Apt. # City / State / Zip Code

Section 2: Payment Type

I choose to **DENY** the FY-2020 Per Capita Payment

I choose to **ACCEPT** the FY-2020 Per Capita Payment:

SEND CHECK BY MAIL (Payments will be mailed out AFTER October 30th, 2020)

DIRECT DEPOSIT (Payments will be Direct Deposited AFTER October 30th, 2020)

Action Type (check one):

Use Existing Direct Deposit

New OR Change Direct Deposit

Account Type (check one):

Checking Savings

Other (specify): _____

Bank Information

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

NOTE: If NEW Direct Deposit, you **MUST attach a voided check/bank document** verifying routing/account numbers.

Section 3: Member Signature & Notarization

- I have read and understand the FY-2020 Per Capita Application Instructions that accompany this form.
- If my Per Capita Payment is being disbursed by direct deposit and the bank rejects the payment, I understand that a check will be sent by mail to the address listed on this form.
- I, the undersigned, do hereby certify under penalty of perjury, that all the information on this form is true and correct.

MEMBER SIGNATURE: _____ DATE: _____

Signature by Power of Attorney (POA) or Guardian (include documentation).

(SEAL/STAMP)

CERTIFICATE OF NOTARY PUBLIC **OR** Stockbridge-Munsee Enrollment Official

The above-named person came before me

This _____ day of _____, 20____

NOTARY PUBLIC **OR** Enrollment Official Signature: _____

My commission expires: _____