



Membership Distribution Direct Deposit Cancellation

Name: _____ Phone #: _____

Tribal ID #: _____

Please cancel the direct deposit for my: Checking Savings

Bank Name: _____ Account #: _____

Distribution Type:

<input type="checkbox"/> MONTHLY DISTRIBUTION
<input type="checkbox"/> SENIOR
<input type="checkbox"/> ELDER SUPPORT PROGRAM
<input type="checkbox"/> DISABILITY

NO POWER OF ATTORNEY WILL BE ACCEPTED.

Please return directly to the **Membership Division**.

You may email membershipdistribution@tulaliptribes-nsn.gov or fax 360-716-0304.

FORM MUST BE RECEIVED WITHIN TWO WEEKS PRIOR TO ANY CHECK DISTRIBUTION

Membership Email: _____

Signature: _____ Date: _____

Questions?

Phone: 360-716-4364 | Email: membershipdistribution@tulaliptribes-nsn.gov | Fax: 360-716-0304