



Membership Distribution Voluntary Tribal Entity Deductions

POWER OF ATTORNEY WILL NOT BE ACCEPTED FOR CHANGES

Tulalip Housing: \$ _____ Account #: _____

Salish Networks: \$ _____ Account #: _____

Tulalip Utilities: \$ _____ Account #: _____

Tulalip Leasing: \$ _____ Account #: _____

Tulalip Moorage: \$ _____ Account #: _____

Is this a **one time** deduction? If so, choose month: _____

Do you want this to be deducted every month? Yes No Initial: _____

CHOOSE ONE:

Senior Elder Support Disability Monthly Distribution

You **must** notify the Tulalip Tribes Finance Department when deductions are to stop.

Tribal ID: _____ Email address: _____ Phone #: _____

Print Legal Name: _____

_____ Date

_____ Signature

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Form **must** be received and time stamped **two weeks** prior to any check distribution

Return this completed form to the Tulalip Tribes Cashier Window (*Time Stamped*)

Deliver to:
Membership Distribution
6406 Marine Drive, Tulalip, WA 98271

OR

Fax to:
360-716-0304

OR

Email a scanned signed copy to:
membershipdistribution@
tulaliptribes-nsn.gov

If you have any questions, please call the Membership Distribution at 360-716-4364