



**THE TULALIP TRIBES**

Finance Department  
ATT: MEMBERSHIP DISTRIBUTION  
6406 Marine Drive  
Tulalip, WA 98271

***DIRECT DEPOSIT CANCELLATION***

NAME: \_\_\_\_\_ TRIBAL ID # \_\_\_\_\_

PLEASE CANCEL THE DIRECT DEPOSIT FOR MY

**PER CAPITA**

**MONTHLY SENIOR PAYMENT**

**MONTHLY ELDER SUPPORT PAYMENTS**

**MONTHLY DISABILITY PAYMENTS**

Please return directly to the Finance Department.  
You may EMAIL [membershipdistribution@tulaliptribes-nsn.gov](mailto:membershipdistribution@tulaliptribes-nsn.gov) or FAX 360-716-0304.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date