



# Gila River Indian Community

## Per Capita Office

PCO = PER CAPITA OFFICE

SEND ORIGINAL TO PCO

### Per Capita Payment Method Change

GRID #: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name (print): \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

**(Select A or B below)**

**(A)** My signature below authorizes the Per Capita Office to change my per capita payment method as follows:

**Change To (New)**

*(check one below)*

- Check: Pick-up in person
- Check: Send by mail
- Pay Card (debit account)
- Direct Deposit *(Complete a per capita direct deposit form, and attach a voided check or bank- issued document.)*

**Change From (Current)**

*(check one below)*

- Check: Pick-up in person
- Check: Send by mail
- Pay Card (debit account)
- Direct Deposit

**(B)** I am currently receiving my per capita disbursement using direct deposit. My signature below authorizes the PCO to change my bank account information per the new direct deposit form and bank documents, which I have attached.

\_\_\_\_\_  
*Signature for (A) or (B)*

\_\_\_\_\_  
*Date*

*(Sign and date on same day as Notary Public or PCO staff verification.)*

**(Select C or D below)**

**(C) Notary Public: (Required if mailing in or using drop box).** All blanks must be filled.

State of: \_\_\_\_\_ )

County of: \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared,

\_\_\_\_\_  
*(name required)*, whose identity was proven to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledges that he/she signed this application.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

**(D) PCO USE ONLY (For walk-in identity verification)**

Gila River ID #: \_\_\_\_\_ Type ID Presented: \_\_\_\_\_ ID#: \_\_\_\_\_

Date Verified: \_\_\_\_\_ PCO Staff: \_\_\_\_\_ Agent Signed: