



**Shoshone-Bannock Tribes
Enrollment Dept.
PAST DISTRIBUTION REQUEST
FORM**

(Please Print)

Name: _____
(First) (M.I.) (Last)

Enrollment #: _____

Distribution(s) I have never received from previous year(s). Amount: \$ _____

Was check provided: _____ YES – Must attach check
 _____ NO – A \$25 stop payment fee will be applied

I am giving authorization to: _____ Mail Check
 _____ Pick up in person
 _____ Direct Deposit – Only if you already have an account set up

My Address:

Phone: _____

<p>Verification of Monies:</p> <p>Amt: \$ _____</p> <p>Acct. Initials: _____</p>

(Signature)

(Date)