



**PER CAPITA REQUEST**  
**ADDRESS CHANGE**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ .ZIP Code: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ .ZIP Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Message Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

**MAIL MY PER CAPITA** :( Check One)  Yes  No

THE FOLLOWING PERSON(S) MAY  
PICK UP MY CHECK:

CHILDREN IN THE HOME:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I WOULD LIKE MY PER CAPITA CHECK MADE OUT IN THE NAME OF:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**DIRECT DEPOSIT**

**AUTHORIZATION FORM**

**Big Valley Rancheria now offers its tribal members and vendors the option of receiving their payments via direct deposit. If you would like to exercise this option, please complete the form below and return via mail or fax to the Big Valley Fiscal Department (information below).**

**\*Please note, the process will not take effect until the 2<sup>nd</sup> payment due to the bank pre-note process\***

**Payee Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Banking Institution: \_\_\_\_\_

Routing No: \_\_\_\_\_ Account No: \_\_\_\_\_

Account Type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

How would you like to receive your check stub? \_\_\_\_\_ Paper Copy \_\_\_\_\_ E-mail

E-mail Address: \_\_\_\_\_

I authorize Big Valley Rancheria to deposit all payments due to me in the account named above. I am aware that all changes in my deposit account must be updated by Big Valley Rancheria's Fiscal staff in order to ensure that payments are properly directed and received.

I understand that if I choose to receive my payments electronically, all future payment will be made via direct deposit, except for meeting stipends due to Saturday issuance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fiscal Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide a copy of a voided check to ensure accuracy of account information.

Big Valley Rancheria Fiscal Department  
2770 Mission Rancheria Road  
Lakeport, CA 95453  
Phone: 707-263-3924 Fax: 707-264-6568