

# DIRECT DEPOSIT CANCELLATION FORM

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
First Middle Maiden Last

Social Security Number: \_\_\_\_\_ Tribal ID# \_\_\_\_\_

## PAYMENT TYPE INFORMATION

Cancel Payments for:  Per Capita  
 Elders Distribution & Accounts Payable

## SIGNATURE

**Once this form is processed, I understand I will receive a check for the payments marked above. If no payment type is selected, this cancellation will apply to all payments types.**

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

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Please mail to: Grand Traverse Band  
Per Capita Office  
2605 N West Bay Shore Dr  
Peshawbestown, MI 49682