



WILTON RANCHERIA DISTRIBUTION INSTRUCTIONS

I, _____ am enrolled with Wilton Rancheria and is 18 years or older.

I elect to receive my General Welfare and Per Capita in the form of:

DIRECT DEPOSIT
CHECK
BANK CARD

Your financial institution information only if selecting **DIRECT DEPOSIT**:

Bank Name: _____

Routing Number: _____

Account Number: _____

Checking Account: Saving Account:

Phone Number: _____

Please enter your current address:

Your Name: _____

Mailing Address: _____

City/State: _____

Zip: _____



NOTARY STATEMENT

State of _____, County of _____

My current legal name is _____, and my current address of residence is,

This is a statement that I'm declaring to be true under oath.

*** DO NOT SIGN UNTIL WITNESS IS PRESENT***

Signature

Date

Witness Signature

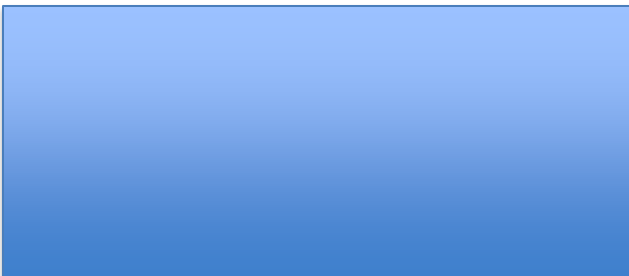
Date

I hereby state that the information above is true, to the best of my knowledge. I also confirm that the information here is both accurate and complete, and relevant information has not been omitted.

Notary Public

Title and Rank

Date of Commission Expiry



Notary Seal