



Little Traverse Bay Bands of Odawa Indians  
 Enrollment Office  
 7500 Odawa Circle  
 Harbor Springs, MI 49740  
 (231) 242-1520 ■ (231) 242-1521  
 E: enrollment@ltbbodawa-nsn.gov  
 F: (231) 242-1526

**DESIGNEE ADDRESS VERIFICATION FORM**

**(Complete ONLY if you want someone else to receive your per capita check)**

- Any Tribal Member may designate, by notarized written statement, another person to receive their payment directly from the Tribe.
- If you complete and submit this form, the check will be sent to the person at the address you fill in, but the check will still be made out to you in your name.
- The 'Designee Address Verification Form' will not change your current address with the Enrollment office.
- Return to Enrollment Office via Mail, Email, or Fax.

I, \_\_\_\_\_, DOB: \_\_\_\_\_,

Tribal Membership #: \_\_\_\_\_, Social Security # \_\_\_\_\_,

Designate the following individual:

\_\_\_\_\_  
 Name of Designee

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State & Zip Code

to receive my per capita distribution check. I certify that the above information is correct.

\_\_\_\_\_  
 Tribal Member's Signature

\_\_\_\_\_  
 Date

**NOTARY PUBLIC**

I, \_\_\_\_\_, a Notary Public for the State of \_\_\_\_\_,

County of \_\_\_\_\_, Do hereby certify that \_\_\_\_\_

provided proper identification that clearly identifies the person who executed the foregoing instrument as the above named individual.

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Stamp/Seal

\_\_\_\_\_  
 Notary Public Signature  
 My Commission Expires on \_\_\_\_\_

----- LTBB Staff Use Only. Do Not Write Below This Line. -----

Enrollment: \_\_\_\_\_ DOE: \_\_\_\_\_ Sent to Accounting: \_\_\_\_\_