



Cahuilla Band of Indians

52701 CA-Highway 371 Anza, California 92539

REQUEST TO HAVE CHECKS MAILED

Date: _____

To: Tribal Member's File

Taken From: _____

Subject: With my signature below, I authorize Cahuilla Tribal Office to mail my Per Cap and SRS checks to me on check day. Any changes to this authorization will be in writing or email request from my own personal email address.

Signature

Date: _____

Tribal Member Name: _____

New Address

Street: _____

City: _____

State: _____

ZIP: _____

New Phone (Home): _____

New Phone (Work): _____

New Phone (Cell): _____

New Fax: _____

Changed:

Excel (members)	_____
Progeny (enrollment)	_____
Mailing Labels	_____
Distribution Files	_____
QuickBooks	_____