



YAKAMA NATION REVENUE ALLOCATION PLAN PROGRAM

Authorization Request Form

REASON AND OR PURPOSE OF CHANGE (Check all that applies)

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Gaming Per Capita | <input type="checkbox"/> Payment | <input type="checkbox"/> New Enrollee | <input type="checkbox"/> 1099 Request |
| <input type="checkbox"/> Elder Per Capita | <input type="checkbox"/> Hold | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Lost Claim |
| <input type="checkbox"/> Full Time Student | <input type="checkbox"/> Hold Release | <input type="checkbox"/> Income Verification | <input type="checkbox"/> Bank Fraud |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Address Change | <input type="checkbox"/> New W-9 | <input type="checkbox"/> 18 Yr. Old |
| <input type="checkbox"/> FTS Application | <input type="checkbox"/> Schedule | <input type="checkbox"/> Opt in/out | <input type="checkbox"/> Name Change |
| <input type="checkbox"/> Non-Enrollee | <input type="checkbox"/> Stale Check | <input type="checkbox"/> Mutilated Check | |

Name:	Enrollment No:
Old Address:	
New Address:	
Telephone No:	Email

AUTHORIZATION:

I authorized the Revenue Allocation Plan Office, or other Yakama Nation Programs to administer the procedures required to process the reason and/or purpose of change and will remain in effect until canceled in writing.

This form cannot be processed without your signature

SIGNATURE REQUIRED: _____ Date: _____

Official Use Only

RAP Program Employee: _____
Date Received by Office: _____