

YAVAPAI-APACHE NATION

TRIBAL ENROLLMENT DEPARTMENT

2400 West Datsi Street, Camp Verde, Arizona 86322 *Ph: (928) 567-1008 / (928) 567-1029*

CHECK PICK UP REQUEST FORM

Holiday Assistance 2025

ONLY ONE CHECK PICK UP REQUEST FORM PER PERSON, PER DISTRIBUTION

NAME (Print)	DOB	ENROLLMENT #
PHONE #		EMAIL
I hereby authorize the (Must show valid ID upon Pic	e Yavapai-Apache Nation Enrollm k up)	nent Department to allow:
NAME (PRINT)	DOB	RELATIONSHIP
To:		
	ck & Cash/Deposit Check	
Signature of Tribal Mem	ber (Signature of authorized representation	tive) Date:
	**MUST BE NOTARIZE	<u> </u>
STATE OF		
Subscribed and affirmed 20 by evidence to be the person	before me on thisday of, _, proved to me on the basis of satisfactor n who appeared before me.	ory NOTARY STAMP
official seal.	COF, I have hereunto set my hand and	
Expiration Date:		FOR OFFICE USE ONI
		Received By:

Date:_____