REQUEST FOR CHECK MAIL OUT / PICKUP

(Not for Per Capita checks)

Internal use only:

Tribal ID _____

Last 4 SSN _____

DOB _____

Staff Initials _____

Salt River Pima-Maricopa Indian Community
Finance Department
10005 E Osborn Rd / Scottsdale, AZ 85256
Attention: Vendor Maintenance
Phone: (480) 362-7729 Email: VendorMaintenance@srpmic-nsn.gov

_____ _____
Tribal ID Number **Date**

_____ _____
Print Name **Signature**

_____ _____
Mailing Address **Phone Number**

_____ _____
Parent/Guardian Printed Name **Parent/Guardian Signature**

_____ _____
CDD Enrollment: Guardianship Verified By **Date**

Payment Type	MAIL OUT	PICKUP
• All Payments ……..... OR	☐	☐
• Lease……	☐	☐
• Other ……	☐	☐

(Includes payments such as: Day Labor, Child Support, Education, Vaccine Incentives, etc.)

Please return the completed form to Finance. If not submitting in person, must be notarized.

STATE OF_____ COUNTY OF_____

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF 20_____, BY:

PRINT NAME OF SIGNOR _____ NOTARY PUBLIC _____

(NotarySeal)

Rev 05/24/2022