

# CROW TRIBE EXECUTIVE BRANCH

DEPARTMENT OF ENROLLMENT & PER CAPITA

P.O. Box 159  
CROW AGENCY, MT 59022

## Change of Payee Address Form

**DIRECTIONS:** This form is used to change the mailing address for a payee who has provided legal documentation (such as court orders or power of attorney authorization) to the Enrollment & Per Capita to show that the payee is legally able to receive payments on behalf of an individual who is a recipient of Crow Tribe benefits. Please write your name, date of birth, and enrollment number in **Section A** as well as the individual(s) for whom you are the designated payee in **Section B** (you may use another sheet of paper). Use **Sections C and D** to write the old address of where checks have been sent previously and the address of where checks should be mailed in the future (i.e., the payee's address). You must take this form to a notary if you are unable to complete this form in the presence of and Enrollment & Per Capita staff member; **Section E** is designated for use by the notary.

Section A: Identification of Payee					
<b>1. Name</b> ( First — M.I. — Last )		<b>2. Date of Birth</b> (MM/DD/YYYY)		<b>3. Enrollment Number</b> (e.g. 202U123456)	
Section B: Identification of Benefit Recipient(s)					
<b>1a. Name</b> ( First — M.I. — Last )		<b>1b. Date of Birth</b> (MM/DD/YYYY)		<b>1c. Enrollment Number</b> (e.g. 202U123456)	
<b>2a. Name</b> ( First — M.I. — Last )		<b>2b. Date of Birth</b> (MM/DD/YYYY)		<b>2c. Enrollment Number</b> (e.g. 202U123456)	
<b>3a. Name</b> ( First — M.I. — Last )		<b>3b. Date of Birth</b> (MM/DD/YYYY)		<b>3c. Enrollment Number</b> (e.g. 202U123456)	
Section C: Old Mailing Address			Section D: New Mailing Address		
<b>1. Street or P.O. Box #</b>			<b>1. Street or P.O. Box #</b>		
<b>2. City</b>	<b>3. State</b>	<b>4. Zip Code</b>	<b>2. City</b>	<b>3. State</b>	<b>4. Zip Code</b>
Section E: Notary Section (must be completed)					
STATE OF _____					
(ENROLLMENT STAFF SIGNATURE TO VERIFY REQUESTER'S IDENTITY IF NO NOTARY)					
COUNTY OF _____					
ON _____ BEFORE ME, _____					
(DATE) (NOTARY)					
PERSONALLY APPEARED, _____					
(SIGNERS)					
PERSONALLY KNOWN TO ME _____					
					WITNESS my hand and official seal
(NOTARY SIGNATURE)					
Enrollment Office Use Only					
<b>Family Number</b>	<b>Date Entered</b>	<b>Enrollment Staff — Print Name and Sign</b>			