



LUMMI INDIAN BUSINESS COUNCIL

2665 KWINA ROAD BELLINGHAM, WASHINGTON 98226 (360) 312-2000

DEPARTMENT _____ DIRECT NO. _____

Lummi Nation Senior (Elder) Authorization to Release Form

Checks will only be released to those with an Authorization to Release Form and a completed Intake Form.

Date: _____

I, _____, hereby authorize, _____, to

First & Last Name

First & Last Name

sign and pick up Senior (Elder) distribution check.

Signature

Date

*Authorization forms will not be accepted by any department in advance and Lummi Nation Senior (Elder) Intake forms must be completed and attached at the time of pick up. *