



LUMMI INDIAN BUSINESS COUNCIL

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

DEPARTMENT _____

DIRECT NO. _____

AUTHORIZATION TO RELEASE

First Name _____ MI: _____ Last Name _____

Enrollment #: _____ DOB: ____/____/____

I am unable to pick up my 2019 Winter Assistance debit card. I authorize the LIBC to:

(Mark only one below)

- Release my check/gift card to: _____ (Delegated Person).
- Mail check/gift card by regular U.S. mail to _____

Signature : _____ Date: _____

State of _____)

_____)

County of _____)

Subscribed and Sworn before me this _____ day of _____, 2019.

Notary Public in and for the State of _____
My appointment expires _____.

****Forms must be notarized or they will not be accepted. No acceptions will be allowed.***