

The Confederated Tribes of Grand Ronde

Member Benefits Finance Department
9615 Grand Ronde Road
Grand Ronde, OR. 97347

Phone: 503-879-2204
Fax: 503-879-2208

SAVINGS ACCOUNT WITHDRAWAL FORM

(Adult Savings Account and Member Benefit Savings Account)

1. Tribal Roll Number: _____
2. Name: _____
(Please Print)
3. Current Address: _____
(Street/PO Box)

(City, State, Zip Code)
4. Phone: _____
5. Cell Phone: _____
6. Email: _____
7. Date of Birth: _____ Last 4 digits of SSN #: _____
8. Amount Requested: _____
(100% Available) (Other Amount)

Member Signature: (required)

Date:

PLEASE NOTE:

Requests for withdrawals must be received **by the 10th** of the month for approval in order for a check to be processed. Withdrawal request submitted by the 10th will be **mailed** a payment **after the 20th** of the month. If there is a holiday in that time frame please allow additional time for the payment to reach you. Withdrawal forms may be faxed to the office at the above listed fax number. Withdrawal forms may also be emailed to kalene.contreras@grandronde.org. Under **NO** conditions will checks be picked up at the Tribal Offices. Checks will be **mailed** to the address on this form.