Direct Deposit Request
Monthly Per Capita | Monthly Senior & Disability Payments

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)
Account must be in member's name including minors

Name:____

Tribal ID #:______________________ Phone #:______________________

I (we) hereby authorize ______________________ , hereafter called COMPANY, to initiate credit entries to my (our)

Select one: ◯ Checking Account ◯ Savings Account

◯ Per Capita ◯ Senior ◯ Elder Support ◯ Disability

at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name:____

Routing #:______________________ Account #:______________________

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature:______________________________ Date:______________

NOTE: WRITTEN CREDIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

ATTACH *VOIDED* CHECK HERE
(with member's name)

OR

ATTACH INFORMATION *PRINT OUT* FROM FINANCIAL INSTITUTION

This form *MUST* include a **voided check** or **bank verification** with tribal member's name or processing will be delayed.
NO POWER OF ATTORNEY WILL BE ACCEPTED.
Form must be received within two weeks prior to any check distribution.

Questions?
Phone: 360-716-4364 | **Email:** membershipdistribution@tulaliptribes-nsn.gov | **Fax:** 360-716-0304

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