Direct Deposit Request

Monthly Distribution | Monthly Senior & Disability Payments

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Account must be in member's name AND if member is a minor, account must be in minor's name and Parent/Guardian's name

ATTACH COPY OF TRIBAL INDENTIFICATION CARD OF ALL ACCOUNT OWNERS

Name: _____

Address: _____

Tribal ID # _____ **Phone#:** _____ **Email:** _____

I (we) hereby authorize **Tulalip Tribes of Washington**, hereafter called COMPANY, to initiate credit entries to my (our)

Select one: ◯ Checking Account ◯ Savings Account

For the following: (Select all that apply)

◯ Monthly Distribution ◯ Elder Senior Stipend ◯ Elder Disability 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 RECIEVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

By signing below, I hereby authorize COMPANY to remove any prior direct deposit information on file**.**

Signature: _____ **Date:** _____

ATTACH *VOIDED* CHECK HERE

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