

# Direct Deposit Agreement Form



## PERSONAL INFORMATION

FIRST NAME

LAST NAME

DATE

## AUTHORIZATION AGREEMENT

*I hereby authorize Tulalip Tribes of Washington to initiate automatic deposits to my account at the financial institution named below. I also authorize Tulalip Tribes of Washington to make withdrawals from this account in the event that a credit entry is made in error.*

*Further, I agree not to hold Tulalip Tribes of Washington responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.*

*This agreement will remain in effect until Tulalip Tribes of Washington receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.*

## ACCOUNT INFORMATION

NAME OF FINANCIAL INSTITUTION

ROUTING NUMBER

ACCOUNT NUMBER

TYPE OF ACCOUNT

CHECKING  SAVINGS

## SIGNATURE

DATE

AUTHORIZED SIGNATURE (PRIMARY)

DATE

AUTHORIZED SIGNATURE (JOINT)

*Please attach a voided check or account information form and return this form to the **Payroll Department** via email ([payroll@tulaliptribes-nsn.gov](mailto:payroll@tulaliptribes-nsn.gov)) or the **Finance Window** located on the first floor of the Administration building.*