

Tribal ID # \_\_\_\_\_ Phone # \_\_\_\_\_

Questions : 360-716-4364 or [membershipdistribution@tulaliptribes-nsn.gov](mailto:membershipdistribution@tulaliptribes-nsn.gov) Fax 360-716-0304

**Monthly Per Capita &  
Monthly Senior & Disability Payments**

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)**

NAME \_\_\_\_\_

I (we) hereby authorize The Tulalip Tribes, hereinafter called COMPANY, to initiate credit entries to my (our)

Checking Account  Savings Account  
(select one)

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 NUMBER \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

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

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

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.

Please attach a sample VOIDED CHECK here.

**This Form MUST include a Voided Check with Tribal Member's name printed on the check.  
If you do not have checks, a copy of the Tribal Member's Tribal ID Card must be attached.**