

Direct Deposit Signup/Change Form

Name _____ Last Four #'s of Social Security _____

Phone number _____ New Account Changing Existing Acct Info

COMPLETE TO ENROLL OR CHANGE ENROLMENT IN DIRECT DEPOSIT- PLEASE PRINT IN BLACK INK ONLY

Bank Account Number*	Type of Account	Financial Institution ("Bank") Name/City/State	Deposit Type (check one):	Change my Deposit Amount to:
Account # _____ Routing # _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$_____.00	<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$_____.00 <input type="checkbox"/> Remove from Direct Deposit
Account # _____ Routing # _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$_____.00	<input type="checkbox"/> Remainder of Net Pay <input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$_____.00 <input type="checkbox"/> Remove from Direct Deposit

Please attach one of the following for Checking or Savings accounts (check one):

Voided check with name imprinted (no starter checks)

Bank letter or specification sheet (the signature of your local bank representative **MUST** be included)

***Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.**

WORKER CONFIRMATION STATEMENT

PLEASE PRINT IN BLACK INK ONLY

I authorize my employer to deposit my wages/salary into the bank accounts specified above. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

Worker Signature _____ Date _____

Accountholder Signature _____
(If worker's name does not appear on bank documentation)

NOTE: Digital or Electronic Signatures are not acceptable.

IMPORTANT: If your account becomes closed, please notify Tribal Admin/Payroll immediately. Not doing so will cause delays receiving your per capita.

IMPORTANT: Completed form must be received by the 15th of the month.