DIRECT DEPOSIT AGREEMENT FORM

PERSONAL INFORMATION

Name:_____
First Middle Maiden Last

Social Security Number:_____ **Tribal ID#**_____

Payment Type: ☐ **Per Capita** ☐ **Elders Distribution & Accounts Payable**
(If payment type is not selected, account information will be used for all payments.)

ACCOUNT INFORMATION

Bank Name: _____

Routing Number: ☐☐☐☐☐☐☐☐☐

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Type of Account (select one): ☐ Checking ☐ Savings

AUTHORIZATION AGREEMENT

I hereby authorize Grand Traverse Band of Ottawa and Chippewa Indians (hereinafter "GTB") to deposit any amounts owed to me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any entries indicated by GTB to my account. In the event that GTB deposits funds erroneously into my account, I authorize GTB to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until GTB and Bank have received written notice from me of its termination in such time and in such manner as to afford GTB and Bank reasonable opportunity to act on it.

SIGNATURE

This document MUST be signed and dated in the presence of a Notary Public

Signature_____ **Date**_____

(Name)_____ personally appeared before me a Notary Public in and for the County of _____, State of _____ on this date _____.

Notary Public Signature_____

In _____ County, State Of _____

My Commission expires on _____; Acting in the County of _____.

Faxed Copies are not acceptable and will not be processed.

Please mail original to:

Grand Traverse Band
Per Capita Office
2605 N West Bay Shore Dr
Peshawbestown, MI 49682

REVISED 9/13/2016