



The Coeur d'Alene Tribe
 Direct Deposit Authorization Form
 Return to CDA Tribe Finance Office

I authorize *The Coeur d'Alene Tribe* to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking or Savings account indicated below and the *Depository (Bank)* named below, hereinafter called *Depository (Bank)*, to credit and/or debit the same to such account. The Direct Deposit is for the following payments:

Depository (Bank) Name: _____ Branch: _____

City: _____ State: _____

Transit ABA No. _____ Account No. _____
(Routing Number)

Please check one: Checking Account Savings Account

This authority is to remain in full force and effect until The Coeur d'Alene Tribe has received written notification from me of its termination in such time and in such manner as to afford The Coeur d'Alene Tribe and DEPOSITOR Y as reasonable opportunity to act on it.

Name: _____ Tribal ID No. _____
(Please Print Name)

Signature: _____ Date: _____

MAIL-IN SIGNATURE MUST BE NOTARIZED

Signature: _____ State of _____

County of _____

The foregoing instrument was acknowledged before me this ___ day of _____.

 Notary Public

ATTACH VOIDED CHECK HERE

A PRE-PRINTED VOIDED (ORIGINAL) MUST BE ATTACHED
 NO PHOTO COPIES WILL BE ACCEPTED

*****YOU MUST BE 18 YEARS OF AGE -OR- EMANCIPATED TO RECEIVE DIRECT DEPOSIT*****