



Payroll: Return to Human Resources
Per Capita, TSAP : Return to Finance

The Coeur d'Alene Tribe Direct Deposit Authorization Form

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:

PLEASE PROVIDE DIRECT DEPOSIT FOR THE INDICATED DISTRIBUTION **CHECK ALL THAT APPLY**

- PAYROLL (RETURN TO HR) TSAP PER CAPITA

Depository (Bank) Name: _____ Branch: _____

City: _____ State: _____

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

Please check one: Checking Account Savings Account

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

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 DEPOSITORY a reasonable opportunity to act on it.

Name: _____ Tribal ID No. _____

Signature: _____ Date: _____

Address: _____

Phone: (____) _____

e-mail address _____ @ _____

MAIL-IN SIGNATURE MUST BE NOTARIZED

Signature of Tribal Member: _____ State of _____

County of _____

The foregoing instrument was acknowledged before me
this _____ day of _____, _____

(Notary Stamp here)

Notary Public Signature

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

I WISH TO CANCEL DIRECT DEPOSIT (APPLIES TO ALL THE ABOVE OPTIONS). WRITTEN REQUEST TO CANCEL MUST BE RECEIVED NO LESS THAN 10 (TEN) BUSINESS DAYS BEFORE ANY DISTRIBUTION DATE.

IF CANCELLED, DIRECT DEPOSIT MAY NOT BE REESTABLISHED UNTIL JANUARY OF THE YEAR FOLLOWING CANCELLATION.

Initials

Date