

SHOSHONE-BANNOCK TRIBES

AUTHORIZATION FOR DIRECT DEPOSIT

FOR ALL GOVERNMENTAL NON-PAYROLL PAYMENTS

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize the Shoshone-Bannock Tribes, to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my:

_____CHECKING Account _____SAVINGS Account (SELECT ONE)

As indicated, the bank or credit union below, hereinafter called DEPOSITORY, are to credit and/or debit to such account.

DEPOSITORY (Bank or Credit Union)

BANK NAME _____ Branch _____

City _____ State _____ Zip _____

BANK ROUTING # _____ ACCOUNT # _____

This authority is to remain in full force and effect, until the Shoshone-Bannock Tribes has written notification from me of its termination in such time and in such manner as to afford Shoshone-Bannock Tribes and Depository a reasonable opportunity to act on it.

NAME _____ ENROLLMENT# _____ (PRINT NAME)

SIGNATURE _____ Date: _____ (ACCOUNT HOLDER)

EMAIL ADDRESS (for Notification purposes ONLY): _____

Address: _____ PHONE # (____) _____

_____ CELL # (____) _____

