DIRECT DEPOSIT AUTHORIZATION FORM FOR

❑ ELDERS PAYMENT
❑ PERCAPITA
❑ PAYROLL
❑ ACCOUNTS PAYABLE
Please check ALL boxes that apply for your Direct Deposit(ACH) request

A People of Vision

❑ Begin Deposit
❑ Change information
❑ Revoke/Stop DD

I hereby authorize the Confederated Salish and Kootenai Tribes ("COMPANY") to electronically credit my account (and, if necessary, to electronically debit my account to correct erroneous credits). I agree that DD/ACH transactions I authorize comply with all applicable law.

Required VENDOR BANK ACCOUNT Information: (please type/write legibly)

❑ Checking ❑ Savings (Select one) for the depository financial institution (Depository) named below:

Depository (Banking) Name _____ Name on Account_____

Routing Number _____ Account Number _____
This Authorization form WILL NOT be processed without a voided check or a statement from your institution verifying your account. Please attach voided check or bank information to this form

PER-CAPITA ADDITIONAL INFORMATION:

Enrolled Name _____ Enrollment Number _____
If you are the guardian of any Enrolled Minor's please list Names and Enrollment numbers:
_____
_____
_____

PAYROLL ADDITIONAL INFORMATION:

Social Security Number _____ Amount or Percent to Deposit $_____
❑ Email pay stub

I understand that this authorization will remain in full force and effect until I notify, in writing, the Confederated Salish and Kootenai Tribes, Attention: Central Accounting, PO Box 278 Pablo MT 59855, that I wish to revoke this authorization. I understand that the Confederated Salish and Kootenai Tribes requires at least {10 days} prior notice in order to cancel this authorization.

All Parties agree to be bound to the NACHA operating rules and US law when transmitting entries. If you discover an error, please contact Central Accounting 406-675-2700 Ext 1213. Central Accounting will research the issue and follow up no later than 30 days from the request.

NAME: _____
(Please Legibly print name of authorized signer or individual)

SIGNATURE: _____ DATE: _____

PHONE: _____ EMAIL ADDRESS _____
❑ Check if you want Direct Deposit notification to your email