Direct Deposit / ACH Authorization Form

Vendor or Tribal Member (select one): [ ] Vendor [ ] Tribal Member

If Tribal Member, Enrollment Number: _____

Company Name: _____

Company Address:

_____

Tribal Member / Vendor Information

Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email: _____

Bank Account Information

(Attach a voided check or bank letter.)

Primary Account

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type: Checking / Savings _____

Authorization Agreement

I hereby authorize the Fort Yuma Quechan Indian Tribe permission to deposit money into my bank account. This permission stays in place until I give them written notice to stop.

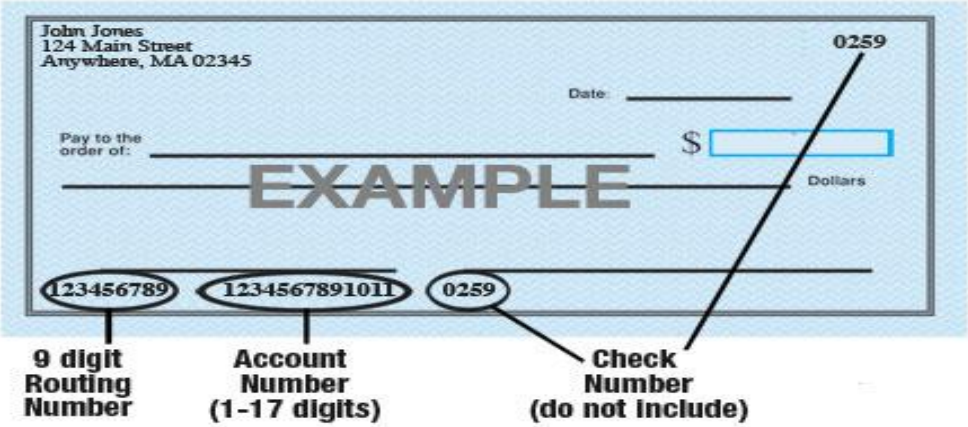
Tribal Member / Vendor Signature: _____

Printed Name: _____

Date: _____

Confidentiality Statement:

All information provided on this form is confidential and will be used solely for the purpose of processing Direct Deposit/ ACH payments.


John Jones
124 Main Street
Anywhere, MA 02345
0259
Date
Pay to the order of:
$
Dollars
EXAMPLE
123456789
1234567891011
0259
9 digit Routing Number
Account Number (1-17 digits)
Check Number (do not include)