



QUECHAN INDIAN TRIBE

Ft. Yuma Indian Reservation

P.O. Box 1899
Yuma, Arizona 85366-1899
Phone (760) 919-3600
Fax (760) 572-2964

ELDER ASSISTANCE PROGRAM

Direct Deposit/ACH Authorization Form

Quechan Tribal Enrollment Number _____

Name: _____

Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Bank Account Information

(Attach a voided check or a bank letter)

Primary Account

Bank Name: _____

Routing Number: _____

Account Type – Checking/Savings _____

Authorization Agreement

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

Tribal Member 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.
ACH payments are optional and not mandatory.