

ELECTRONIC DEPOSIT AUTHORIZATION

I hereby authorize the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) to initiate deposits and /or corrections to the previous credits to the financial institutions indicated. The financial institution is authorized to credit and/or correct the amounts to my account. This authority is to remain in full force and effect until CTUIR has received written notification from me of its termination in such time and such manner as to afford CTUIR a reasonable opportunity to act on it.

Type of Request _____
(Start, Change or Cancel)

Type of deposit Authorized _____
(CTUIR Distributions, Payroll or Both)

Deposits can be split to as many as three different accounts for payroll. Only one account for distributions Note: If selecting more than one account your selection will apply to all future deposits

1st account

Financial Institution (Bank, Savings and Loan, Credit union)

Deposit type _____ (Checking or Savings)

City State

Choose one

Deposit _____% of paycheck to this account

Deposit \$_____ of paycheck to this account

Deposit Balance of paycheck to this account

Routing Number Account Number

2nd account

Financial Institution (Bank, Savings and Loan, Credit union)

Deposit type _____ (Checking or Savings)

City State

Choose one

Deposit _____% of paycheck to this account

Deposit \$_____ of paycheck to this account

Deposit Balance of paycheck to this account

Routing Number Account Number

3rd account

Financial Institution (Bank, Savings and Loan, Credit union)

Deposit type _____ (Checking or Savings)

City State

Choose one

Deposit _____% of paycheck to this account

Deposit \$_____ of paycheck to this account

Deposit Balance of paycheck to this account

Routing Number Account Number

Important: For checking accounts attach a voided check or for savings accounts attach a deposit slip for the account listed on this form.

Name (Print or type) Address City State ZIP

Signature Date Enroll # Phone Number

If completing for a minor the parent or guardian must sign above and provide name of minor here. _____ and Enroll# _____

OFFICE USE ONLY

Vendor # _____ Date of Prenote _____ Date of 1st transmit _____

If for a minor enrollment approval _____ Date _____