CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION

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)

Payroll deposits may be divided into up to three accounts. Distribution payments may be deposited into one account only.
Note: If you select more than one account, your selection will apply to all future deposits unless updated in writing.

1st Account

_____
Financial Institution Name (Bank)

_____ _____
City State

Routing Number: _____

Account Number: _____

Deposit Type (Check One): ☐ Checking ☐ Savings

Deposit Allocation (Check One)

☐ Deposit _____% of payment to this account

☐ Deposit $_____ of payment to this account

☐ Deposit Remaining balance of payment to this account

2nd Account

_____
Financial Institution Name (Bank)

_____ _____
City State

Routing Number: _____

Account Number: _____

Deposit Type (Check One): ☐ Checking ☐ Savings

Deposit Allocation (Check One)

☐ Deposit _____% of payment to this account

☐ Deposit $_____ of payment to this account

☐ Deposit Remaining balance of payment to this account

3rd Account

_____
Financial Institution Name (Bank)

_____ _____
City State

Routing Number: _____

Account Number: _____

Deposit Type (Check One): ☐ Checking ☐ Savings

Deposit Allocation (Check One)

☐ Deposit _____% of payment to this account

☐ Deposit $_____ of payment to this account

☐ Deposit Remaining balance of payment to this account

IMPORTANT: Attach a voided check (for checking accounts) or official routing documentation from your bank (for savings accounts).

Full Name	Address	City	State	Zip Code

Signature	Date	Enroll #	Phone Number

If this form is being completed on behalf of a minor, the parent or legal guardian must sign above and provide the minor's full name and Enrollment Number below.

Minor's Full Name: _____ Minor's Enrollment #: _____

OFFICE USE ONLY

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

Approved For Minor Enrollment: _____ Date: _____