

Nez Perce Tribe

Direct Deposit Authorization form

I authorize the *Nez Perce Tribe* to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking or Savings account indicated below and the *Depository (bank)* named below, hereinafter called *Depository (bank)* to credit and/or debit the same such account. The Direct Deposit is for all tribal payments.

Name of Bank: _____

City: _____ State: _____

Routing Number: _____ Account No: _____

Please Check one: _____ Checking Account _____ Savings Account

**Attach Voided Check or Account verification
Your name must be on the account**

This authority is to remain in full force and effect until The Nez Perce Tribe has received written notification from me of its termination in such time and in such manner as to afford The Nez Perce Tribe and *Depository* a reasonable opportunity to act on it.

Name: _____

Date of Birth: _____ Enrollment No: _____

Address: _____

Phone No: _____

I do hereby certify that I am the above-named person or the parent/legal guardian of a Nez Perce enrolled minor child(ren). And that all of the information is true and accurate.

Signature: _____ Date: _____

Name(s) of enrolled Minor Child(ren):

Return your completed form to one (1) of the following:

by Mail:
Enrollment
P.O. Box 305
Lapwai, ID 83540

by Fax:
(208) 843-7354

by Email:
enrollment@nezperce.org

Forms not completely filled out and does not include the proper attachment will not be processed.