

# PER CAPITA DIRECT DEPOSIT AGREEMENT FORM

## MEMBER INFORMATION

Name: \_\_\_\_\_  
First Middle Maiden Last

Social Security Number: \_\_\_\_\_ Tribal ID# \_\_\_\_\_

## ACCOUNT INFORMATION

Bank Name: \_\_\_\_\_

Routing Number:

Account Number:

Type of Account (select one):  Checking  Savings

## AUTHORIZATION AGREEMENT

I hereby authorize Grand Traverse Band of Ottawa and Chippewa Indians (hereinafter "GTB") to deposit any amounts owed to me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any entries indicated by GTB to my account. In the event that GTB deposits funds erroneously into my account, I authorize GTB to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until GTB and Bank have received written notice from me of its termination in such time and in such manner as to afford GTB and Bank reasonable opportunity to act on it.

## MEMBER SIGNATURE

**This document MUST be signed and dated in the presence of a Notary Public**

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Name) \_\_\_\_\_ personally appeared before me a Notary Public in and for the County of \_\_\_\_\_, State of \_\_\_\_\_ on this date \_\_\_\_\_.

Notary Public Signature \_\_\_\_\_

In \_\_\_\_\_ County, State Of \_\_\_\_\_

My Commission expires on \_\_\_\_\_; Acting in the County of \_\_\_\_\_.

Faxed Copies are not acceptable and will not be processed.

Please mail original to:

Grand Traverse Band  
Per Capita Office  
2605 N West Bay Shore Dr  
Peshawbestown, MI 49682