



The Confederated Tribes of the Grand Ronde Community of Oregon

9615 Grand Ronde Road
Grand Ronde, OR 97347

Direct Deposit Authorization Agreement for Quarterly Per Capita Deposits

AUTHORIZATIONS:

I hereby authorize and request The Confederated Tribes of the Grand Ronde (*CTGR*) to initiate deposit entries and the *FINANCIAL INSTITUTION* named below to accept the deposit to my account indicated below. Further, I authorize *CTGR* to initiate withdrawal entries and adjustments for any deposit entries made in error to my account no later than ten (10) business days after the date of the original deposit entry .

This authority is to remain in full force and effect until *CTGR* and *FINANCIAL INSTITUTION* receive written notification from me of its termination in such time and in such manner as to afford *CTGR* and *FINANCIAL INSTITUTION* a reasonable opportunity to act on it.

MEMBER INFORMATION:

Member Enrollment No.:	Member's Name:		
Member's Financial Institution:		Financial Institution's 9 Digit Transit Routing Number:	
Member's Checking or Savings Account No.:			Circle Type of Account: CHECKING SAVINGS

Member's Signature:	Date:
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IN CASE OF QUESTIONS, PLEASE PROVIDE THE FOLLOWING PHONE NUMBERS

Member Phone Number:	
Financial Institution Phone Number:	

Joe Smith 1234 Anystreet Court Anycity, AA 12345		1234
Pay to the order of _____		
_____ Dollars		
Bank Anywhere		
123456789	123456789123	1234
Routing Number	Account Number	Check Number

For checking account, attach voided check (not a deposit slip).

If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will insure that you are paid correctly.

