

ADULT SAVINGS ACCOUNT WITHDRAWAL FORM

(Adult Savings Account and Member Benefit Savings Account)

1. Tribal Roll Number: _____
2. Name: _____
(Please Print)
3. Current Address: _____
(Street/PO Box)

(City, State, and Zip Code)
4. Direct Deposit information: Account Number _____
Routing Number _____

(Please attached a voided Check or Letter from bank with account number and routing number printed on letter by the bank)
WITHOUT THIS INFORMATION A CHECK WILL BE MAILED TO ADDRESS LISTED ABOVE
5. Phone: _____
6. Email: _____
7. Date of Birth: _____ Last 4 digits of SSN# _____
8. Amount Requested: _____

Member Signature: (Required)

Date

PLEASE NOTE:

Requests for withdrawals must be received by the 10th of the month for approval in order for a check or direct deposit to be processed. Withdrawal request submitted by the 10th will be **Mailed/Direct Deposit** After the 25th of the month. If there is a holiday in that time frame please allow additional time for the payment to reach you. Withdrawal forms may be faxed to the office at the above listed fax number, or emailed to Kalene.contreras@grandronde.org (Please put WITHDRAWAL in Subject Line of email) **Under NO Conditions** will checks be picked up the Tribal Offices, checks will be mailed to address listed above.

Return this form to the Member Benefits Department at the address or fax# listed at the top