



The Confederated Tribes of the Grand Ronde Community of Oregon

Finance Department
9615 Grand Ronde Road
Grand Ronde, Oregon 97347

Phone (503) 879-2204
1-800-422-0232 x 2204
Fax (503) 879-2208

Dear Tribal Members,

For Per Capita Direct Deposits, please provide the following:

- **A voided check or an official letter/statement from your bank that includes your name, routing number, and account number (printed by the bank).**
- **A completed Direct Deposit Form.**

These documents are required to process future Per Capita payments.

Thank you



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**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.**

YOU ARE NOT REQUIRED TO FILE THIS FORM UNLESS YOU HAVE CHANGES TO YOUR DEDUCTIONS.

SSN: _____ Tribal Enrollment Number: _____

Date _____