

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

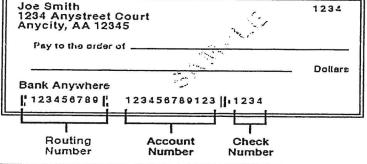
AUTHORIZATIONS:

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	V:

MEMBER INFORMATION	ON:						
Member Enrollment No.:	Member's Name:						
l							
Member's Financial Institution:		Financial Institution's 9 Digit Transit Routing Number:					
Member's Checking or Savings Account No.:		Circle Type of Account:					
			CIT	ECKING	OAMBIOO.		
			CH	ECKING	SAVINGS		
\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			-				
Member's Signature:			Date:				
IN CASE OF QUESTIONS, PLEASE PROVIDE THE FOLLOWING PHONE NUMBERS							
Member Phone Number:		TIDE THE FOLLOWI	10 1110	ME MOME	EKS .		
Financial Institution Phone Nu	ımber:						
	Joe Smith 1234 Anystreet Court Anycity, AA 12345	. 0	12	234			



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.

THE CONFEDERATED TRIBES OF GRAND RONDE DIRECT DEPOSIT AUTHORIZATION

AGREEMENT FOR QUARTERLY PER CAPITA DEPOSITS

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

Personal Information (please print cl	learly):				
Name:					
(Last)	(First)	(M.I.)			
SSN:	Tribal Enrollment	Tribal Enrollment Number:			
Your check will be mailed to the a	ddress on file at the Tribe. For Address change	es contact MEMBER SERVICES.			
Fax#(503)879-2480					
deductions, stop or change direct dep	oution will be processed the same as the previous posit information, or deposit some or all into Adturn to: C.T.G.R Member Benefits, 9615 Grand R	ult Savings, please initial the space next			
TAX WITHHOLDING CHOICES: (choo	ose one)				
Elect no federal tax withhole	ding from my quarterly per capita distribution.				
Elect%(include percentage)	federal tax withholding from my quarterly per cap	pita distribution.			
Elect \$(include dollar amou	ant) federal tax withholding from my quarterly per	capita distribution.			
Elect% (include percentage)	orithheld from my quarterly per capita distribution. Oregon state tax withholding from my quarterly parts. Oregon state tax withholding from my quarter	•			
ADULT SAVINGS PLAN CHOICES:	(choose one)				
Elect% of quarterly per of	capita payment to be directed to the Adult Savings I	Plan.			
Elect \$of quarterly per of	capita payment to be directed to the Adult Savings I	Plan.			
CHOICES FOR RECEIVING THE QUA	ARTERLY DISTRIBUTION: (choose one)				
Please deposit my distributio	on into the account shown on the attached Authoriza	tion Form.			
Cancel my previous direct de	eposit and deposit into the account shown on the attac	ched Direct Deposit Authorization			
Form.					
Cancel my direct deposit and	have my check mailed to the address listed with the	eTribe.			
Signatu	ure T	Date			