

## 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

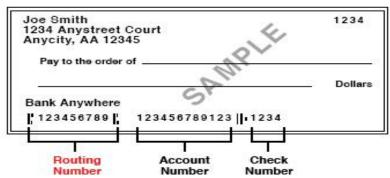
#### **AUTHORIZATIONS:**

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 Savir	Circle Type of Account:		account:			
				CHECKING	SAVINGS	
Member's Signature:  Da			Date	ate:		
IN CASE OF QUESTIONS, PLEASE PROVIDE THE FOLLOWING PHONE NUMBERS						
Member Phone Number:						
Financial Institution Phone N	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.

# 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 clearly	7):				
Name:		_			
(Last)	(First)	(M.I.)			
SSN:	Tribal Enrollment Number:				
Your check will be mailed to the addre	ess on file at the Tribe. For Addres	ess changes contact MEMBER SERVICES.			
Fax# (503) 879-2480					
deductions, stop or change direct deposit i	information, or deposit some or all	ne previous one. If you want to stop or change tax I into Adult Savings, please <u>initial</u> the space nex Grand Ronde Rd., Grand Ronde, OR. 97347.			
TAX WITHHOLDING CHOICES: (choose or	ne)				
Elect no federal tax withholding	from my quarterly per capita distribu	ution.			
Elect%( include percentage) fede	eral tax withholding from my quarter	rly per capita distribution.			
Elect \$(include dollar amount) for	ederal tax withholding from my quar	arterly per capita distribution.			
ADULT SAVINGS PLAN CHOICES: (cho	pose one)				
Elect% of quarterly per capita	a payment to be directed to the Adult	t Savings Plan.			
Elect \$of quarterly per capita	a payment to be directed to the Adult	Savings Plan.			
CHOICES FOR RECEIVING THE QUARTE	ERLY DISTRIBUTION: (choose one)	<u>)</u>			
Please deposit my distribution into	to the account shown on the attached A	Authorization Form.			
Cancel my previous direct deposit	t and deposit into the account shown o	on the attached Direct Deposit Authorization			
Form.					
Cancel my direct deposit and have	e my check mailed to the address listed	ed with the Tribe.			
Signature		Date			