



# 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	
<b>Routing Number</b>	<b>Account Number</b>	<b>Check Number</b>

***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.

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Personal Information (please print clearly):

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

SSN: \_\_\_\_\_ Tribal Enrollment Number: \_\_\_\_\_

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Your check will be mailed to the address on file at the Tribe. **For Address changes contact MEMBER SERVICES.**

Fax# (503) 879-2480

**DEDUCTIONS:**

If no selection is marked, your distribution will be processed the same as the previous one. If you want to stop or change tax deductions, stop or change direct deposit information, or deposit some or all into Adult Savings, please initial the space next to your choices on the following and return to: **C.T.G.R Member Benefits, 9615 Grand Ronde Rd., Grand Ronde, OR. 97347.**

**TAX WITHHOLDING CHOICES: (choose one)**

\_\_\_\_\_ Elect no federal tax withholding from my quarterly per capita distribution.

Elect \_\_\_\_\_% **(include percentage)** federal tax withholding from my quarterly per capita distribution.

Elect \$ \_\_\_\_\_ **(include dollar amount)** federal tax withholding from my quarterly per capita distribution.

\_\_\_\_\_ Elect no Oregon state taxes withheld from my quarterly per capita distribution.

Elect \_\_\_\_\_% **(include percentage)** Oregon state tax withholding from my quarterly per capita.

Elect \$ \_\_\_\_\_ **(include dollar amount)** Oregon state tax withholding from my quarterly per capita distribution.

**ADULT SAVINGS PLAN CHOICES: (choose one)**

\_\_\_\_\_ Elect \_\_\_\_\_% of quarterly per capita payment to be directed to the Adult Savings Plan.

\_\_\_\_\_ Elect \$ \_\_\_\_\_ of quarterly per capita payment to be directed to the Adult Savings Plan.

**CHOICES FOR RECEIVING THE QUARTERLY DISTRIBUTION: (choose one)**

\_\_\_\_\_ Please deposit my distribution into the account shown on the attached Authorization Form.

\_\_\_\_\_ Cancel my previous direct deposit and deposit into the account shown on the attached Direct Deposit Authorization Form.

\_\_\_\_\_ Cancel my direct deposit and have my check mailed to the address listed with the Tribe.

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Signature

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Date