

## 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

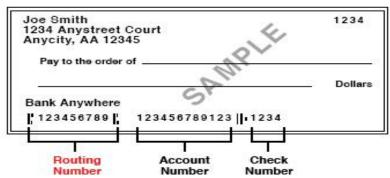
#### **AUTHORIZATIONS:**

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	nte:			
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):				
Name:				
(Last)	(First)	(M.I.)		
N: Tribal Enrollment Number:				
Your check will be mailed to the address on file	at the Tribe. For Address change	es contact MEMBER SERVICES.		
Fax# (503) 879-2480				
<b>DEDUCTIONS:</b> If no selection is marked, your distribution will be pedeductions, stop or change direct deposit information to your choices on the following and return to: C.T.G.F.	on, or deposit some or all into Adu	ult Savings, please <u>initial</u> the space next		
TAX WITHHOLDING CHOICES: (choose one)				
Elect no federal tax withholding from my q	uarterly per capita distribution.			
Elect%(include percentage) federal tax with	hholding from my quarterly per cap	pita distribution.		
Elect \$(include dollar amount) federal tax	withholding from my quarterly per	capita distribution.		
Elect no Oregon state taxes withheld from m	y quarterly per capita distribution.			
Elect% (include percentage) Oregon state t	ax withholding from my quarterly p	per capita.		
Elect \$ (include dollar amount) Oregon state	te tax withholding from my quarter	ly per capita distribution.		
ADULT SAVINGS PLAN CHOICES: (choose one)				
Elect% of quarterly per capita payment	to be directed to the Adult Savings I	Plan.		
Elect \$of quarterly per capita payment	to be directed to the Adult Savings I	Plan.		
CHOICES FOR RECEIVING THE QUARTERLY DIST	FRIBUTION: (choose one)			
Please deposit my distribution into the accou	ant shown on the attached Authoriza	tion Form.		
Cancel my previous direct deposit and depos	sit 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	e Tribe.		
Signature		Date		