

SHOSHONE-BANNOCK TRIBES

**DIRECT DEPOSIT CANCELLATION**

(FOR ALL TRIBAL GOVERNMENTAL PAYROLL, ACCOUNTS PAYABLE, PER CAPITA PAYMENTS)

**NOTE:** Please fill out a separate form for each account you are **CANCELLING** Ach payments.

**DO NOT EMAIL – RETURN TO FINANCE OFFICE**

Mark **ALL** applicable payment types: PAYROLL  ACCOUNTS PAYABLE and/or PER CAPITA

Select **One** Account Type: CHECKING  OR SAVINGS

NAME: \_\_\_\_\_  
(PLEASE TYPE OR PRINT)

EMPLOYEE NO: \_\_\_\_\_  
(if applicable)

EMAIL: \_\_\_\_\_

ENROLLMENT NO: \_\_\_\_\_  
(if applicable)

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_

**DEPOSITORY** (Bank or Credit Union)

BANK NAME: \_\_\_\_\_

BRANCH: \_\_\_\_\_

BANK ROUTING NO.: \_\_\_\_\_

ACCOUNT NO.: \_\_\_\_\_

**AUTHORIZATION AGREEMENT**

I hereby authorize the Shoshone-Bannock Tribes to CANCEL my direct deposit to the above listed account and selected payment types.

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Date