

SHOSHONE-BANNOCK TRIBES
AUTHORIZATION FOR AUTOMATIC DIRECT DEPOSIT (ACH Credits)
MINOR CHILD or INCAPACITATED PERSON- ALL PER CAPITA PAYMENTS

I/we hereby authorize the Shoshone-Bannock Tribes ("Tribes"), to initiate credit entries and, if necessary, debit entries for any credit entries made in error to the minor child's/incapacitated person's ☐ **CHECKING** or ☐ **SAVINGS** account (select one) at the bank/credit union ("Depository") indicated herein.

PLEASE ATTACH VOIDED CHECK OR BANK STATEMENT

NAME _____ <i>(Bank or Credit Union)</i>	BRANCH _____
CITY _____	STATE _____ ZIP _____
ROUTING# _____	ACCOUNT# _____

This authority is to remain in full force and effect, until I/we (from either of us) provide the Tribes written notification of its termination, provided that the Tribes/Depository shall have a reasonable amount of time to respond to such notification.

By signing this Authorization I/we hereby agree that I am/we are legally authorized to sign on behalf of the below-named minor child or incapacitated person and that I/we agree to utilize any funds distributed under the authority of this Authorization for the health, education or welfare of the minor child or incapacitated person.

NAME _____ **ENROLLMENT #** _____
(Printed name of Minor Child or Incapacitated person)

SIGNED _____ **DATE** _____
(Minor Child or Incapacitated person, thumbprint if applicable)
Attach any court orders for adoption/guardianship

NAME _____ **PHONE #** _____
(PRINT NAME of Legal Parent/Guardian)

SIGNED _____ **DATE** _____
(Signature of Legal Parent/Guardian)

Subscribed and sworn to before, me on this _____ day of _____, 20____

Notary Public

Residing In: _____

Commission Expires: _____

SEAL