

SHOSHONE-BANNOCK TRIBES  
**AUTHORIZATION FOR DIRECT DEPOSIT**

(For ALL Tribal Governmental PAYROLL, ACCOUNTS PAYABLE, & ADULT PER CAPITA PAYMENTS)

**NOTE: Please fill out a separate form for each account you are requesting ACH payments to be applied to.**

**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 ☐

**FOR PAYROLL ONLY:** Specify the amount to be deposited to this account: 100% ☐ OR \_\_\_\_\_ % OR \$ \_\_\_\_\_

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.: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

**VOIDED Check or ACCOUNT Statement MUST BE attached with this AUTHORIZATION**

AUTHORIZATION AGREEMENT: I hereby authorize the Shoshone-Bannock Tribes to initiate credit entries to my account. If necessary, debit entries and adjustments for any credit entries “in error” may be adjusted to my account. This authority is to remain in full force and effect until the Shoshone-Bannock Tribes has received written notification from me of its termination in such time and in such manner as to afford the Shoshone-Bannock Tribes and Depository a reasonable opportunity to act on it. This authorization may be discontinued by completing the Shoshone-Bannock Tribes Direct Deposit Cancellation Form or by written notification.

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

\_\_\_\_\_  
Date