



PUYALLUP TRIBE OF INDIANS



DIRECT DEPOSIT AUTHORIZATION FORM

Use this form to start, stop or change a direct deposit authorization for payments from Puyallup Tribe Accounting.

<p>3 Required Documents!</p> <p>1 This completed Direct Deposit Authorization form</p> <p>2 A voided check or a savings deposit slip or a bank letter with your account and routing numbers.</p> <p>3 A copy of driver's license or ID card or Tribal ID</p>	<p>How to Submit 3 required documents</p> <p>1. Deliver in person to CDO at PTOI Admin Building</p> <p>2. Mail, fax or email to the below.</p> <p>*** Notary required for mail, email, or fax ***</p> <p>Mail: Accounting Department Puyallup Tribe of Indians 3009 E Portland Ave Tacoma, WA 98404 Fax: 253.573.7944 Email: Accounting@PuyallupTribe-nsn.gov</p>
--	---

Part I: Payee Information

<p>Type of Action</p> <p><input type="checkbox"/> New (Start)</p> <p><input type="checkbox"/> Change Account</p> <p><input type="checkbox"/> Cancel (Stop)</p>	<p>Name _____ Tribal ID _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Phone _____ Social Security No (last 4) _____ Email _____</p>
--	--

Part II: Bank Information

<p>Name of Bank or Credit Union _____</p> <p>Bank Routing Number* _____ (9-digits) Account Number* _____</p> <p>Account Type <input type="radio"/> Personal Checking <input type="radio"/> Personal Savings</p> <p>If you select Personal Checking you must submit this form along with a copy of a voided check for the bank account specified above. If you select Personal Savings you must submit this form along with a copy of a savings deposit slip. Or, a bank letter from banking institution with your account and routing numbers.</p>
--

Part III: Authorization

<p>I authorize the Puyallup Tribe of Indians to deposit funds into the above-named account and to recover any funds deposited into this account in error. I understand it is my responsibility to verify that funds are in my account before I make a withdrawal.</p> <p>I certify I have read and understand the information contained in this form and that I am authorized to enter into this agreement as the account holder.</p> <p>Authorized Signature _____ Print Name: _____ Date: _____</p>
