

DIRECT DEPOSIT AUTHORIZATION

TRIBAL MEMBER

NAME _____

LAST FOUR DIGITS OF SOCIAL SECURITY# _____

NAME OF BANK _____

ACCOUNT # _____

ROUTING # _____

Please attach one of the following for Checking or Savings accounts (check one):

- Voided check with name imprinted (no starter checks)
- Bank letter or specification sheet (the signature of your local bank representative **MUST** be included)

***Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.**

_____ % of Net

_____ Remainder of Net Pay

_____ Specific Dollar Amount \$_____ .00

I authorize SANTA ROSA BAND OF CAHUILLA INDIANS to deposit my **RSTF** payments into the bank accounts specified above. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize Santa Rosa Band of Cahuilla Indians to make direct deposits into the named account.

Tribal Member Signature _____ Date _____

Accountholder Signature _____

(if Tribal Member's name does not appear on bank documentation)