



Spokane Tribe of Indians, **Elder Welfare**

Direct Deposit Form

PO Box 100 Wellpinit WA 99040
(509) 458-6536
(509) 458-6552 Fax

Elder Welfare Disbursement Only

PAYEE INFORMATION

First Name _____ MI _____ Last Name _____

Social Security Number _____ - _____ - _____ Enrollment Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number(s) _____

Email address _____

BANK INFORMATION

Enter the account where payment will be disbursed. To get the nine-digit transit/routing number and account number, you will find this information encoded at the bottom of your check. It is **required that a copy of a voided check or bank report** be attached to ensure the correct account numbers are obtained. Note: Account listed for direct deposit must be acceptable to NACHA (National Automated Clearing House Association).

Please mark the account for the payment to be sent to. **Only one account can be marked.**

Checking _____ Savings _____

Bank Name _____

Transit/Routing Number _____

Account Number _____

PAYEE AUTHORIZATION AGREEMENT

I, the undersigned, hereby authorize the Spokane Tribe of Indians to electronically deposit my accounts payable check payable to me by the Spokane Tribe of Indians to the financial institution(s) named above and the designated account(s). I further authorize the Spokane Tribe of Indians to recall excess transfers from my bank account in the case of error. Excess transfers are in excess of my accounts payable check.

To verify the first deposit, I will call my financial institution(s) and verify that the money has been deposited in my account(s).

X _____
Account Holders Signature (required)

Date