



Phone: 989.775.4040
Fax: 989.775.4075
Email: percapita@sagchip.org

STOP DIRECT DEPOSIT

Name: _____ Phone #: _____

Member #: _____ Last four digits of SS#: _____

PLEASE SELECT: PER CAPITA PAYMENTS
 MNO-SHKIZIWIN PAYMENTS

Bank Name: _____

Bank Routing Number (9 digits): _____

Account #: _____

The Saginaw Chippewa Indian Tribe's Per Capita Department has my permission to **STOP** my direct deposit to the account listed above.

Member Signature: _____ Date: _____