



Per Capita Department
7500 Soaring Eagle Blvd
Mt. Pleasant, MI 48858

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

DIRECT DEPOSIT AUTHORIZATION

Name: _____ Phone #: _____

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

THIS IS AN OFFICIAL FORM OF THE PER CAPITA DEPARTMENT. IF THIS FORM IS ALTERED IN ANYWAY, IT WILL NOT BE ACCEPTED.

ALL INFORMATION MUST BE COMPLETED

DIRECT DEPOSITS ARE "VOLUNTARY" AND ARE NOT A GUARANTEE FOR PAYMENT AND WILL BE PROCESSED ACCORDING TO THE PER CAPITA POLICIES AND PROCEDURES.

Check one: Add Account Change amount on existing account

Bank Name: _____

Name on Account if different than Member: _____

Bank Routing Number (9 digits): _____

Account #: _____

Type of Account: check one: Checking Savings

Amount: \$ _____ specific amount **OR** remainder of check

(\$15.00 check fee will be assessed if no account is listed as remainder of check)

Check one: Add Account Change amount on existing account

Bank Name: _____

Bank Routing Number (9 digits): _____

Name on Account if different than Member: _____

Account #: _____

Type of Account: Check one: Checking Savings

Amount: \$ _____ specific amount **OR** remainder of check

(\$15.00 check fee will be assessed if no account is listed as remainder of check)

The Saginaw Chippewa Indian Tribe's Per Capita Department has my permission to send the amount(s) each per capita pay cycle to the financial institution noted above. Direct Deposit will continue until a **STOP DIRECT DEPOSIT FORM** has been submitted.

Member Signature: _____ Date: _____