



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

Phone: 989.775.4139  
775.4064 or 775.4138  
Fax: 989.775.4075

## 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.**

**Circle 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)

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**Circle 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)

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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: \_\_\_\_\_