

**Spokane Tribe of Indians, Enrollment**
**Direct Deposit Form**
**PO Box 100 Wellpinit WA 99040**
**(509) 458-6523**
**vickir@spokanetribe.com**

**Per Capita/Settlement/General 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 a direct deposit form from your bank** be attached to ensure the correct numbers are obtained. NOTE: Account listed for direct deposit must be acceptable to NACHA (National Automated Clearing House Association).

Please mark the account you would like the payment disbursed 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