



The Confederated Tribes of the Colville Reservation
 Enrollment Department
 Distribution Direct Deposit Authorization form



I authorize **The Confederated Tribes of the Colville Reservation** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking or Savings account indicated below and the **Depository (Bank)** named below, hereinafter called **Depository (Bank)**, to credit and/or debit the same to such account. The Direct Deposit is for all Tribal payments:

Name of Bank: _____ City: _____ State: _____

Routing Number (9 digits):

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 Checking or Savings
 (If you leave this blank, we will mark checking for you)

Account No. (Up to 17 digits):

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**TO ENSURE INFORMATION IS CORRECT
 PROVIDE ACCOUNT VERIFICATION OR VOIDED CHECK**

This authority is to remain in full force and effect until The Confederated Tribes of the Colville Reservation has received written notification from me of its termination in such time and in such manner as to afford the Confederated Tribes of the Colville Reservation and DEPOSITORY as reasonable opportunity to act on it.

Name: _____ Tribal ID No.: _____
 (Print Name)

Current Address: _____ Date of Birth: ____/____/____
 _____ Is this a new address?: Yes No

Contact Number: (____) _____

Signature: _____ Date: _____

*****Non Enrolled parent or guardian must provide name of tribal member children*****

NOTARY CERTIFICATE

State of _____;

County of _____;

On this _____ day of _____, _____;

before me personally appeared _____,

to be known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed, for the purposes therein set forth.

(seal)

Notary Public: _____ My Commission Expires: _____

OFFICE USE ONLY

Enrollment Staff: _____ Date Received: _____ Date Entered: _____

Return to: Enrollment Department
 PO Box 150
 Nespelem, WA 99155

Ph: 509-634-2830
 Fax: 509-634-2874

(Form updated: 2/4/2022)