



The Eastern Band of Cherokee Indians

DIRECT DEPOSIT AUTHORIZATION – PER CAPITA

Setup New Account
 Change Account Information
 Terminate Direct Deposit

Full Name: _____ **Maiden Name (if applicable):** _____
Enrollment #: _____ **Last Four of SSN:** _____
Date of Birth: _____
Mailing Address: _____ **City:** _____
State: _____ **Zip Code:** _____
Phone #: _____ **Email Address:** _____

I hereby authorize the Eastern Band of Cherokee Indians, hereinafter called TRIBE, to initiate credit entries to my account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Account Type: **Checking Account** **Savings Account**

Bank Name: _____ **Branch:** _____
City: _____ **State/ZIP:** _____
Routing No.: _____ **Account No.:** _____

This authorization is to remain in full force and effect until TRIBE has received written notification from me of its termination in such time and in such manner as to afford TRIBE and DEPOSITORY a reasonable opportunity to act on it. Incomplete submissions will not be processed.

SAVINGS ACCOUNTS MUST attach a statement from your depository bank showing the routing number and account number.
CHECKING ACCOUNTS MUST attach a voided check or a statement from your depository bank.

Signature of Enrolled Member

Date

State of: _____ County of: _____. On this _____ day of _____, 20____. Before me, _____, the undersigned Notary Public for _____ County, personally appeared: _____

(SEAL)

personally known to me; or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed on the within instrument, and acknowledged to me that he/she executed the same for the purposes therein stated.

_____ / _____ / _____
 Signature of Notary Printed Name of Notary My Commission Expires

FOR FINANCE USE ONLY



Keyed Date: _____
 Keyed By: _____

This form is due April 1st for June Per Capita OR October 1st for December Per Capita. Return completed form to the address below or email completed form to: FinanceForm@ebci-nsn.gov

The Eastern Band of Cherokee Indians
 Treasury Division – Office of Budget & Finance
 Post Office Box 455 | 468 Sequoyah Trail | Cherokee, North Carolina 28719 | (828) 359-6000

