



MINOR TRUST DIRECT DEPOSIT FORM

Return form to Tonkawa Tribe Minor Trust Coordinator

1. Parent/Guardian Name: (Skip if minor is over 18)

First Middle Initial Last

2. Name of Minor:

First Middle Initial Last

I wish to terminate my direct deposit for the per capita payments. If terminating direct deposit, skip to number 6

3. Financial Institution Name: _____

4. Type of Account: ___ Checking ___ Savings (check one)

5. Routing #: _____ Account #: _____

Name on Account: _____

*I hereby authorize Providence First Trust to deposit any amounts owed to me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any entries indicated by Providence First Trust to my account. In the event that Providence First Trust deposits funds erroneously into my account, I authorize Providence First Trust to debit my account for an amount not to exceed the original amount of the erroneous credit.

**This authorization is to remain in full force and effect until Providence First Trust has received written notice from me of termination in such time and in such manner as to afford Providence First Trust reasonable opportunity to act on it.

This document MUST be signed and dated in the presence of a Notary Public

6. _____
Signature of Parent/Guardian or Minor over 18 Date

On this ___ day of _____, in the year _____, before me _____
Proved on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this instrument and acknowledged he/she executed the same.

Notary Public _____
In and for _____ County, State of _____
My Commission expires on _____

FOR STARTING DIRECT DEPOSIT, ATTACH A VOIDED CHECK HERE
(Do not use a deposit slip)

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Direct Deposits will not be processed without a voided check or statement from a bank official