



TONKAWA TRIBE OF OKLAHOMA

• PER CAPITA DIRECT DEPOSIT FORM •

Date: _____

Name: _____
First Middle Initial Maiden Last

Last 4 of Social Security #: _____ Tribal ID #: _____ Phone #: _____

Financial Institution Name: _____

Type of Account: Checking Savings Routing #: _____ Account #: _____

Tribal Member Name must be on account. Voided Check or Statement from Bank Official Required.

I wish to terminate my direct deposit for the per capita payments *(form must still be notarized)*

I hereby authorize Tonkawa Tribe of Oklahoma 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 Tonkawa Tribe to my account. In the event that Tonkawa Tribe deposits funds erroneously into my account, I authorize Tonkawa Tribe 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 the Tonkawa Tribe has received written notice from me of termination in such time and in such manner as to afford Tonkawa Tribe reasonable opportunity to act on it.

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

Signature _____ Date _____

On this ____ day of _____, in the year _____, before me _____

A Notary Public in and for the County of _____, State of _____,

personally appeared _____. 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 _____

My Commission expires on _____

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

***** DIRECT DEPOSITS WILL NOT BE PROCESSED WITHOUT A VOIDED CHECK (NO TEMPORARY CHECKS MUST HAVE ACCOUNT HOLDER NAME PRINTED ON CHECK) OR STATEMENT FROM A BANK OFFICIAL *****