

**Deadline for June is April 1<sup>st</sup>. Deadline for December is October 1<sup>st</sup>. No exceptions.**

**PER CAPITA AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS**

New Set-up    Change in Account #/Bank    Terminate Deposit

Name: \_\_\_\_\_ EBCI ROLL # \_\_\_\_\_ Date \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone # \_\_\_\_\_

Company Name: Eastern Band of Cherokee Indians      Company ID # 56-0572090

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

**(Select One)**

- Checking      It is the responsibility of the Per Capita recipient to keep changes to bank account information updated.
- Savings

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

PLEASE COMPLETE THE FOLLOWING INFORMATION AS IT IS LISTED WITH YOUR DEPOSITORY

Name(s) \_\_\_\_\_ SSN or ROLL Number \_\_\_\_\_  
(Please Print)

**SAVINGS ACCOUNTS MUST HAVE A STATEMENT FROM YOUR BANK SHOWING THE ROUTING NUMBER AND THE ACCOUNT NUMBER FOR THE DIRECT DEPOSIT.**

**CHECKING ACCOUNTS MUST HAVE A VOIDED CHECK ATTACHED HERE.**

**DIRECT DEPOSIT FORMS THAT ARE SUBMITTED WITHOUT REQUIRED INFORMATION AND VOIDED CHECK FOR CHECKING ACCOUNTS OR STATEMENT FROM YOUR BANK ON SAVINGS ACCOUNTS WILL NOT BE PROCESSED.**

This authorization is to remain in full force and effect until the COMPANY has received a new agreement from me of its termination in such time, and in such manner as to afford the COMPANY a reasonable opportunity to act on it.

Signature of Enrolled Member \_\_\_\_\_ Date \_\_\_\_\_

**Signature must be notarized - NOTARY FORM ON BACK**

**RETURN THIS FORM TO: Eastern Band of Cherokee Indians. Enrollment Office, PO Box 2069, Cherokee, NC 28719**

**QUESTIONS CONCERNING DIRECT DEPOSIT SHOULD BE DIRECTED TO: RHONICA VIA AT 828-359-7059 OR 828-359-7099**

Direct Deposit Authorization Notary Section

State of: \_\_\_\_\_

County of: \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

before me, \_\_\_\_\_, the undersigned Notary

Public for \_\_\_\_\_ County, Personally appeared:

\_\_\_\_\_

Names(s) of Signer(s)

\_\_\_\_:Personally known to me;or

\_\_\_\_:Proved to me on the basis of satisfactory evidence

To be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.

Witness my hand and official seal.

Notary Public

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

Place Notary Seal and/or Any Stamp Above