



The Eastern Band of Cherokee Indians
Treasury Division – Office of Budget & Finance
 Post Office Box 455 | Cherokee, North Carolina 28719 | (828) 359-7085
Application for Disbursement of EBCI Minors Trust Fund



Minors Participant Information

Name: _____ Enrollment Number: _____
First Middle Last

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Telephone: (____) _____ - _____ Email: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

 Signature Applicant Printed Name Date



Age 18 distribution, first payment of \$25,000. You must submit an original copy of your high school diploma, GED, or official transcript AND certificate of completion for ManageYourEBCIMoney.org course.

Age 21 distribution, second payment of \$25,000. If you did not qualify for payment at age 18, a total payment of \$50,000 will be disbursed to you.

Age 25 third payment, the remaining balance of your trust fund with any earned interest.

NOTARY ACKNOWLEDGEMENT

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

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 (SEAL) to me that he/she executed the same for the purposes therein stated.

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

RETURN THIS FORM TO THE EBCI ENROLLMENT OFFICE – PO BOX 2069 – CHEROKEE, NC 28719



The Eastern Band of Cherokee Indians
 Treasury Division – Office of Budget & Finance
 Post Office Box 455 | Cherokee, North Carolina 28719 | (828) 359-7085
Application for Early Disbursement Direct Deposit Agreement
EBCI Minors Trust Fund *Revised 7/1/2021*



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS OF MINORS TRUST FUND DISBURSEMENT
****OPTIONAL****

NAME: _____

I hereby authorize EASTERN BAND OF CHEROKEE INDIANS 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 US law.

Checking

Savings

Bank Name: _____ **Bank Address:** _____

City: _____ **State:** _____ **Zip:** _____

Account Name: _____

Routing Number: _____ **Account Number:** _____

Please attach a VOID check or a letter from your financial institution.

FOR HOUSING, HEALTHCARE OR EDUCATION APPLICATIONS

WIRE & DELIVERY INSTRUCTIONS

Receiving Institution ABA #: _____

Receiving Institution: _____

Beneficiary Name: _____

Beneficiary Instructions: _____

FFC: _____

By filling out this form, you accept that you are voluntarily enrolling in direct deposit for your Minors Trust Fund payment. You are responsible for keeping your bank account open. Any changes to your bank account may result in a late payment. The bank account for direct deposit must include the applicant's name.