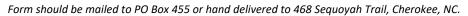


## The Eastern Band of Cherokee Indians Treasury Division – Office of Budget & Finance

Post Office Box 455 | Cherokee, North Carolina 28719 | (828) 359-6000

## **Application for Disbursement of EBCI Minors Trust Fund**





MINORS FUND PARTICIPANT IN	IFORMATION		
Name:		Enrollment Num	nber:
First Mid	ddle Last		
Social Security Number:		Date of Birth:	
Telephone: ()	En	nail:	
Mailing Address:			
City:	State:	ZIP:	-
Signature Applicant	Printed Name		 Date
Check one box below			
account balance, whichever is less  ☐ Age 21 distribution, second second payment from the fund, yo payment, you will receive \$50,000  ☐ Age 25 distribution, the rema	d payment of \$25,000.  In will receive \$25,000 or 2  or 50% of account balance  ining balance of your true	25% of account balance, whiche ce, whicher is less.  Ist fund with any earned interes	ver is less. If this is your first
NOTARY ACKNOWLEDGEMENT			
State of:, 20Counpersonally known to me; or to be the person whose name is so to me that he/she executed the sa	Before me,	d:, the undent d:s of satisfactory evidence nstrument, and acknowledged	
Signature of Notary	Printed Name	e of Notary N	// /ly Commission Expires



NAME:

## 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 5/10/22* 

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

depository financial institution named below, he lacknowledge that the origination of ACH transa	ereafter called DEPOSI	TORY, and to credit t	he same to such accou	ınt.	
Checking Savings					
Bank Name:	Bank Address:				
City:	State:	Zip:			
Account Name:					
Routing Number:	Account Number	:			
*Please attach a VOIDED check of institution with this form. Form in verification.		=			
Form should be mailed to EBCI Office of Budget	& Finance or hand de	livered to 468 Sequo	yah Trail, Cherokee, No	C.	
By filling out this form, you accept that you are You are responsible for keeping your bank acco The bank account for direct deposit must includ If form is not filled out completely, a paper che	ount open. Any chang de the applicant's nan	ges to your bank acco	-		