



# The Eastern Band of Cherokee Indians

## DIRECT DEPOSIT AUTHORIZATION – PER CAPITA

Setup New Account

Change Account Information

Terminate Direct Deposit

Full Name: \_\_\_\_\_  
 Enrollment #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_  
 Last Four of SSN: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

I hereby authorize the Eastern Band of Cherokee Indians, hereinafter called TRIBE, 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 U.S. law.

Account Type:  Checking Account  Savings Account

Bank Name: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Routing No.: \_\_\_\_\_

Branch: \_\_\_\_\_  
 State/ZIP: \_\_\_\_\_  
 Account No.: \_\_\_\_\_

This authorization is to remain in full force and effect until TRIBE has received written notification from me of its termination in such time and in such manner as to afford TRIBE and DEPOSITORY a reasonable opportunity to act on it. Incomplete submissions will not be processed.

**SAVINGS ACCOUNTS MUST attach a statement from your depository bank showing the routing number and account number.**  
**CHECKING ACCOUNTS MUST attach a voided check.**

\_\_\_\_\_  
**Signature of Enrolled Member**

\_\_\_\_\_  
**Date**

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

(SEAL)

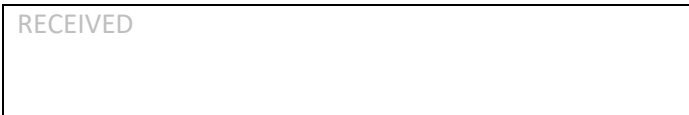
personally known to me; or  proved to me on the basis of satisfactory evidence  
 to be the person whose name is subscribed on the within instrument, and acknowledged  
 to me that he/she executed the same for the purposes therein stated.

\_\_\_\_\_  
 Signature of Notary

\_\_\_\_\_  
 Printed Name of Notary

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 My Commission Expires

**FOR FINANCE USE ONLY**



Keyed Date: \_\_\_\_\_  
 Keyed By: \_\_\_\_\_

**This form is due April 1<sup>st</sup> for June Per Capita OR October 1<sup>st</sup> for December Per Capita. Return completed form to the address below or email completed form to: [FinanceForm@ebci-nsn.gov](mailto:FinanceForm@ebci-nsn.gov)**

The Eastern Band of Cherokee Indians  
 Treasury Division – Office of Budget & Finance  
 Post Office Box 455 | 468 Sequoyah Trail | Cherokee, North Carolina 28719 | (828) 359-6000

