

Date Received \_\_\_\_\_

# DIRECT DEPOSIT FORM

## Ages - 12 & Under

(ONE FORM PER PERSON)

Childs Name \_\_\_\_\_ Enrollment # \_\_\_\_\_ Birth Date \_\_\_\_\_  
(Please Print)

Contact Number if we need to reach you about your Direct Deposit Information \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

A Signature of a Parent or Guardian is required to authorize the Direct Deposit into the minor's own account or the Parent/Guardian account.

Please check  the account it belongs to: **Minors Own Account**  **Parents/Guardians Account**

Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_  
(Please Print)

Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_  
(Please Print)

I ( we) hereby authorize **Muckleshoot Indian Tribe**, hereinafter called COMPANY, to initiate entries to my ( our )  **Checking Account**  **Savings Account** (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name (Bank Name) \_\_\_\_\_

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 Note\*\***

**A minor turning 13 years of age must fill out the corresponding form for his/her age group. If the minor turns 13 and does not update his/her form with the Finance Department, they will receive a check for that Per Capita distribution**

**YOU MUST ATTACH A  
VOIDED CHECK OR A BANK LETTER TO BE  
CONSIDERED A COMPLETE FORM**