

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

**DIRECT DEPOSIT FORM**  
**ADULTS (18 and older)**  
(ONE FORM PER PERSON)

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

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

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

I ( we ) hereby authorize the 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.

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