

Date Received: _____

Direct Deposit Form & Update Current Mailing Address

Adults 18 & Over

(One form per person)

Name: _____ Enrollment #: _____

Current Mailing Address: _____

Contact Phone Number: _____ Email: _____

Signature: _____ Date: _____

I (we) hereby authorize **Lummi Indian Business Council**, hereinafter called COMPANY to initiate credit entries to my (our) Checking Account Savings Account (select one) indicated below at the depository's financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. 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.

NOTE WRITTEN AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORGANIZATION IN THE MANNER OF SPECIFIED IN THE AUTHORIZATION.

YOU MUST ATTACH A VOIDED CHECK, DEPOSIT SLIP OR BANK LETTER TO BE CONSIDERED A COMPLETED FORM.

FOR OFFICE USE ONLY

Verified bank information: YES / NO Vendor Number: _____