



# School Supply Reimbursement Program **COMPUTER REIMBURSEMENT ONLY**

4K-12<sup>th</sup> Grade Students  
June 1- Sept 30, 2020

Tribal Member

Tribal Roll

Parent Name: \_\_\_\_\_ Number: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize **Poarch Band of Creek Indians** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Poarch Band of Creek Indians** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Poarch Band of Creek Indians** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Poarch Band of Creek Indians** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Tribal Member Benefits Department.

### Account Information

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Money Market

Account Number: \_\_\_\_\_

Checking

Savings

### Notarized Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

Signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary

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

PLEASE ATTACH VOIDED CHECK!

**For COMPUTER REIMBURSEMENT you must submit or postmark pages 1-3 and the ORIGINAL computer receipt by 5:00 pm on September 30, 2020!**