



Poarch Band of Creek Indians

Education Department Direct Deposit Form

Account Holder Name: _____ Phone # _____

Tribal Member Name: _____ Roll # _____

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 Government Accounting Department.

Account Information

Name of Financial Institution: _____

Address of Financial Institution: _____

Routing Number: _____
Account Number: _____

Money Market
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 a voided check for payments to checking accounts and return this form to the Tribal Government Accounting Department.