



Poarch Band of Creek Indians
Direct Deposit Agreement Form (Adult)



Roll #: _____

Tribal Member Name: _____

Phone Number: _____

GWA / Per Capita _____

Elder Benefit _____

You MUST attach a voided check for payments to checking accounts OR a copy of your debit card if you have a pre-paid debit card account and return this form to the Tribal Member Benefits Department. We will not accept this form without this information.

Authorization Agreement

I hereby authorize the 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: _____

Account Number: _____

_____ Money Market Account

_____ Checking Account

_____ Savings Account

Notarized Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Signed before me this _____ day of _____, _____

Notary: _____

My Commission Expires: _____

My Commission Number: _____