



DIRECT DEPOSIT AUTHORIZATION

SOUTHERN UTE INDIAN TRIBE

DEPARTMENT OF FINANCE

PO Box 1410

Ignacio, CO 81137-1410

Phone (970) 563-0110 Fax (970) 563-0335

COMPLETE AND RETURN TO SOUTHERN UTE INDIAN TRIBE

I am an authorized signor or legal power of attorney on this direct deposit account and I hereby authorize The Southern Ute Indian Tribe and the financial institution named below to automatically deposit into my account payments for all funds due to me regardless of the department initiating the payment. Payments coming from Tribal Distribution are done on a separate system and are not covered by this direct deposit request.

This includes my authorization to reverse all entries made in error. This authority will remain in effect until I give written notice to The Southern Ute Indian Tribe otherwise.

SIGNATURE: _____ Date: _____

PHONE NUMBER: _____

ACCOUNT TYPE: CHECKING ACCOUNT NO. _____

SAVINGS ACCOUNT NO. _____

FINANCIAL INSTITUTION _____

LOCATION (Branch) _____ PHONE: _____

CITY, ST, ZIP _____

YOUR NAME PRINTED _____

SOC SEC NUMBER _____

PLEASE ATTACH A VOIDED CHECK AND PROVIDE THE FINANCIAL INSTITUTION'S ROUTING NUMBER HERE (9 DIGITS FOUND BETWEEN THE FIRST AND SECOND SET OF SYMBOLS ON THE BOTTOM LEFT CORNER OF YOUR CHECK). **FORMS SUBMITTED WITHOUT A VOIDED CHECK OR SAVINGS DEPOSIT SLIP WILL NOT BE PROCESSED.**

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