



*Oneida Tribe of Indians of Wisconsin*

**ENROLLMENT DEPARTMENT**

P.O. BOX 365, ONEIDA, WI 54155-0365

PHONE: (920) 869-6200 \* 1-800-571-9902 FAX: (920) 869-2995

[www.oneidanation.org/enrollment](http://www.oneidanation.org/enrollment)



**Direct Deposit (ACH) Authorization Form for Per Capita and GTC Meeting Stipends**

**Instructions: All information on this form is required. Return your completed form to the Enrollment Department.**

**Tribal Member Information Name:**

Name	
Roll Number	
E-mail address	

**Bank Information:**

Account Type		Enter "C" for checking OR "S" for savings
Bank Name		
Routing number (ABA #)		
Account #		

**Agreement – Initial Each Line**

\_\_\_\_\_ I hereby authorize the Oneida Tribe of Indians of Wisconsin to electronically deposit my per capita payment and my GTC Meeting Stipend payment via direct deposit to my account (this includes my authorization to reverse any entries made in error.)

\_\_\_\_\_ I understand that an unforeseen delay in processing by any outside entity (automated clearing house or financial institution) due to computer down-time, power outages, or any other unavoidable occurrences might affect the date of deposit of funds to my account.

\_\_\_\_\_ This authorization is to remain in effect until the Oneida Tribe of Indians of Wisconsin has received written notice of my intent to change/terminate this agreement or at the discretion of the Oneida Tribe of Indians of Wisconsin.

\_\_\_\_\_ The Oneida Tribe of Indians of Wisconsin must receive my written notification of any financial institution changes (including closing of accounts) at least 15 days prior to the change in order to change/terminate this direct deposit authorization.

\_\_\_\_\_ I will not hold the Oneida Tribe of Indians of Wisconsin responsible for delay, loss or misapplication of funds due to incorrect or incomplete information supplied by me or my financial institution.

**Tribal Member Authorization**

Signature	
Date	
Telephone #	