



# Three Affiliated Tribes - People's Fund Direct Deposit (ACH) Credit Authorization Form

Print and complete all the information below.

\_\_\_\_\_  
 (First Name)                      (Middle Name)                      (Last Name)                      (Enrollment Number)

\_\_\_\_\_  
 (Applicant's Mailing Address)                      (City, State, Zip)

\_\_\_\_\_  
 (Contact Number)                      (email address)

\_\_\_\_\_  
 (Name of Bank)                      Type of Account \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

\_\_\_\_\_  
 (Bank Routing Number)                      (Bank Account Number)

Name must be on the account. The People's Fund reserves the right to deny ACH requests if the banking institution does not meet the current security/international affiliate requirements for ACH deposits as stipulated by the People's Fund department.

By submitting this form member agrees to this ACH Information being used for all future ACH enabled disbursements. If bank information changes, member is responsible for submitting an updated Direct Deposit Authorization Form to the People's Fund at least one month prior to disbursement. The People's Fund is not responsible for deposits made to incorrect accounts.

**Attach documentation from bank verifying name, routing number and account number.**

Mail completed original notarized form and banking verification to:

TAT People's Fund  
307 5<sup>th</sup> Avenue  
New Town ND 58763

\*\*\*\*\*WE WILL NOT ACCEPT FAXED OR EMAILED FORMS\*\*\*\*\*

*Reserved for Notary Seal*

*I hereby represent that all information is true and accurate.*

Member's Signature \_\_\_\_\_

*(Sign in the Presence of a Notary)*

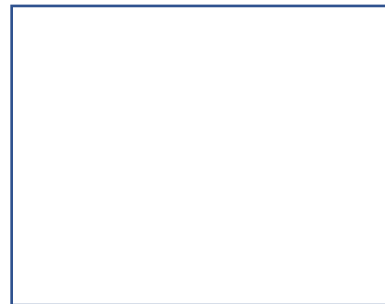
State of \_\_\_\_\_

County of \_\_\_\_\_

*I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_*

*My Commission Expires: \_\_\_\_\_*

*Notary Public Signature: \_\_\_\_\_*



(FOR FINANCE OFFICE USE)

Date Rec'd: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

Date entered into Finance Accounting System: \_\_\_\_\_ Staff initial \_\_\_\_\_ Vendor ID: \_\_\_\_\_

Verified date: \_\_\_\_\_ Staff Initial: \_\_\_\_\_