



Tribal Disbursement

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) (Email – Optional) (Contact Number – Optional)

 (Name of Bank)

 (Bank Address)

 (Bank Routing Number)

 (Account Number)

Type of Account Checking Savings

Attach documentation from bank verifying name, routing number and 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.

Mail completed original notarized form and banking verification to:

TAT People’s Fund
 307 5th 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)

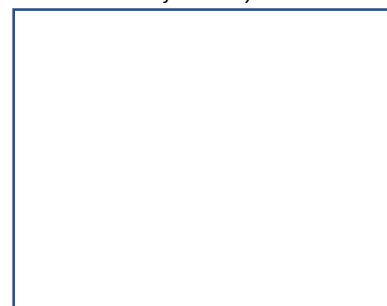
State of _____

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): _____