mployee Name:

Photocopy this form and distribute a copy to each employee participating in Direct Deposit.

Employee Direct Deposit Authorizatio	I _		
Bank Address	☐ Savings	Staple Voided	
		Check Here	
ank City, State & Zip	☐ Checking		
outing & Transit No :	Amount for this account: REMAINDER	Label It ①	
count No			
	I		
ank Name	☐ Savings	Staple Voided	
ank Address		Check Here	
ank City, State & Zip	Charleing	Clieck neie	
outing & Transit No	LI Checking Amount for this account:		
	\$	Label It ②	
ccount No			
ank Name	☐ Savings	Charle Metale d	
ank Address	Javiligs	Staple Voided	
ank City, State & Zip		Check Here	
	☐ Checking		
outing & Transit No :	Amount for this account:	Label It ③	
ccount No			
ank Name			
ank Address	☐ Savings	Staple Voided	
ank City, State & Zip		Check Here	
	☐ Checking		
Couting & Transit No	Amount for this account:	Label It ④	
ccount No	¥		
authorize my employer, the Puyallup Tribe of Indians a nitiate electronic credit entries, and if necessary, debit n error to my checking and/or savings accounts listed a	entries and adjustments for any credit entries bove. This authorization will remain in effect	t	
Intil I have informed my employer in writing that I wish ime to effect such cancellation.	to cancel it and my employer has had reason	able	
me to effect such concention.			
Employee Signature		Date	

To be retained by Employer.

Do NOT send or fax to National Payment!

Keep in your employee files.

Please note that your first paycheck will be on a rapid card, and the following pay-period your check will be deposited to the account that you provided