



# Pokégnek Bodéwadmik • Pokagon Band of Potawatomi

## DIRECT DEPOSIT FORM

PAYMENT TYPE: (Check all that apply)		EMPLOYEE	ACCOUNTS PAYABLE
		PER CAPITA*	EDUCATION/REIMBURSEMENT
NAME/BUSINESS NAME: _____			TRIBAL ID _____
ADDRESS _____	CITY _____	STATE _____	ZIPCODE _____
PHONE# _____			
1ST ACCOUNT-BANK NAME			
ACCOUNT TYPE	CHECKING	SAVINGS	
AMOUNT	\$ _____	or PERCENTAGE _____	%
ROUTING NUMBER (9 digits)	ACCOUNT NUMBER: _____		
2ND ACCOUNT-BANK NAME			
ACCOUNT TYPE	CHECKING	SAVINGS	
AMOUNT	\$ _____	or PERCENTAGE _____	%
ROUTING NUMBER (9 digits)	ACCOUNT NUMBER: _____		
3RD ACCOUNT-BANK NAME			
ACCOUNT TYPE	CHECKING	SAVINGS	
AMOUNT	\$ _____	or PERCENTAGE _____	%
ROUTING NUMBER (9 digits)	ACCOUNT NUMBER: _____		

Complete and return to the Finance department. Please be sure to submit **a voided check or bank letter** showing the account and routing numbers for any account distributions.

I, \_\_\_\_\_ authorize the above on \_\_\_\_\_ (Date)  
(Print Name)

\_\_\_\_\_  
(Signature) Date \_\_\_\_\_

\* Per Capita must be in by the **deadline for changes** for test-run on account. Banking information errors will result in a check being sent by mail.