

BEAR RIVER BAND of ROHNERVILLE RANCHERIA

266 KEISNER RD LOLETA, CA 95551-9707

PHONE 707-733-1900 FAX 707-733-1723



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Bear River Band of Rohnerville Rancheria** to initiate automatic deposits for my quarterly Per Capita payments to my account at the financial institution named below. I also authorize **Bear River Band of Rohnerville Rancheria** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Bear River Band of Rohnerville Rancheria** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Bear River Band of Rohnerville Rancheria** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to Accounts Payable.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Name (Print) _____ Date: _____

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to Accounts Payable.