

**SHOSHONE-BANNOCK TRIBES-AUTHORIZATION FOR DIRECT DEPOSIT
MINOR CHILD OR INCAPACITATED PERSON- ALL PER CAPITA PAYMENTS**

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I/we hereby authorize the Shoshone-Bannock Tribes ("Tribes"), to initiate credit entries and, if necessary, debit entries for any credit entries made in error to the minor child's/incapacitated person's checking or savings account (select one) at the bank/credit union ("Depository") indicated herein. PLEASE ATTACH VOIDED CHECK OR SAVINGS TRANSACTION SLIP

NAME _____ <small>(Bank or Credit Union)</small>	BRANCH _____
CITY _____	STATE _____ ZIP _____
ROUTING# _____	ACCOUNT# _____

This authority is to remain in full force and effect, until I/we (from either of us) provide the Tribes written notification of its termination, provided that the Tribes/Depository shall have a reasonable amount of time to respond to such notification.

By signing this Authorization I/we hereby agree that I am/we are legally authorized to sign on behalf of the below-named minor child or incapacitated person and that I/we agree to utilize any funds distributed under the authority of this Authorization for the health, education or welfare of the minor child or incapacitated person.

NAME _____ ENROLLMENT # _____
(Printed name of Minor Child or Incapacitated person)

SIGNED _____ DATE _____
(Minor Child or Incapacitated person, thumbprint if applicable)
Attach any court orders for adoption/guardianship

NAME _____ PHONE # _____
(Printed Name of Legal Parent/Guardian)

SIGNED _____ DATE _____
(Legal Parent/Guardian)

NAME _____ PHONE # _____
(Printed Name of Legal Parent/Guardian)

SIGNED _____ DATE _____
(Legal Parent/Guardian)

Subscribed and sworn to before, me on this _____ day of _____, 20__

Seal

Notary Public
Residing In: _____
Commission Expires: _____