

**SHOSHONE-BANNOCK TRIBES**  
**AUTHORIZATION FOR AUTOMATIC DIRECT DEPOSIT (ACH Credits)**  
**MINOR CHILD or INCAPACITATED PERSON- ALL PER CAPITA PAYMENTS**

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 BANK STATEMENT**

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

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 #** \_\_\_\_\_  
*(PRINT NAME of Legal Parent/Guardian)*

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_  
*(Signature of Legal Parent/Guardian)*

Subscribed and sworn to before, me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
 Notary Public

**SEAL**

Residing In: \_\_\_\_\_

Commission Expires: \_\_\_\_\_