

Mille Lacs Band of Ojibwe

Office of Management and Budget



Direct Deposit Form

Authorization Agreement

I hereby authorize Mille Lacs Band of Ojibwe to initiate automatic deposits to my account at the financial institution named below. I also authorized Mille Lacs Band of Ojibwe to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Mille Lacs Band of Ojibwe 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 Mille Lacs Band of Ojibwe receives a written notice of cancellation from me or by my financial institution, or until I submit a new direct deposit form.

Account Information

Name of Financial Institution:

Routing Number:
 I wish to deposit the entire amount

Account Number: _____

I wish to deposit: \$ _____
 Checking Savings

Optional Second Account Information

Name of Financial Institution:

Routing Number:
 I wish to deposit the entire amount

Account Number: _____

I wish to deposit: \$ _____
 Checking Savings

PLEASE SELECT OPTION FOR WHICH DEPOSIT IS FOR

PER CAPITA

PAYROLL

A/P (Disc. Loans, Child Support, Mileage etc.)

Signature

Print your name _____

Soc. Sec. # _____

Authorized Signature _____

Date: _____

Email Address _____

FAX # 320-532-5402

43408 OODENA DR., ONAMIA, MN, 56359

PLEASE ATTACH A VOIDED CHECK