



Enterprise Rancheria

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Enterprise Rancheria to initiate automatic deposits to my account at the financial institution named below. I also authorize Enterprise Rancheria to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Enterprise 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 Enterprise Rancheria receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking | Savings

Signature

Name: (please print) _____

Authorized Signature: _____

Date: _____

**Please attach a voided check or direct deposit confirmation
from your on-line bank or bank branch**

Return this form to the Fiscal Department. Thank you!