



HO-CHUNK NATION  
DEPARTMENT OF TREASURY

Tribal ID# \_\_\_\_\_

**PER CAPITA** DIRECT DEPOSIT AUTHORIZATION FORM

New       Change       Cancel

Check one box above and complete the balance of the form in its entirety.  
Return the original form to the address at the bottom.

Instructions:

1. If requesting a Payroll Card,
  - a. Fill in the entire Tribal Member Information section below
  - b. Fill in the Name of Financial Institution as "PAYROLL CARD" and mark the box  **Rapid Pay Card**. The account and routing numbers are generated when the payroll card is ordered.
2. It is your responsibility to notify the Payroll Department immediately of any changes in your financial institution information.
3. You must sign and date the completed form.
4. For all new forms and changes submitted, a pre-notification to the bank must be done. It may take 2-3 weeks for your direct deposit to become effective. Attach a voided check, if applicable.
5. The form must be completed in it's entirety before returning to the Payroll Department.

**Tribal Member Information**

First Name, Middle Initial, Last Name	Street Address -- No PO Boxes	Home Phone Number
Social Security Number ____ - ____ - ____	City, State, Zip	Date of Birth

**\*REQUIRED\* Primary Account – Financial Institution Information**

Name of Financial Institution	Phone Number	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Rapid Pay Card
Address	Account Number	Deposit Amount Will Be: <input checked="" type="checkbox"/> Net pay after other authorized deposits listed below.
City, State, Zip	Routing Number	

**Optional Secondary Account – Financial Institution Information**

Name of Financial Institution	Phone Number	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Payroll Card
Address	Account Number	Amount of Deposit: \$ _____ <b>or</b> _____ % of net pay
City, State, Zip	Routing Number	

**Optional Secondary Account – Financial Institution Information**

Name of Financial Institution	Phone Number	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Payroll Card
Address	Account Number	Amount of Deposit: \$ _____ <b>or</b> _____ % of net pay
City, State, Zip	Routing Number	

I authorize you and the Financial Institution(s) listed above to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries made in error to this account.

\_\_\_\_\_  
TRIBAL MEMBER SIGNATURE

\_\_\_\_\_  
DATE

This authorization will remain in effect until cancelled in writing.