



HO-CHUNK NATION
DEPARTMENT OF TREASURY

Tribal ID# 439A00

PER CAPITA -- DIRECT DEPOSIT AUTHORIZATION FORM

[] New [] Change [] Cancel

Check one box above and follow the instructions below.
Return the original form to the address or fax number at the bottom.

Instructions:

- 1. Please enter the last four [4] digits of your Tribal ID number in the space provided above.
2. Fill in the entire Tribal Member Information section below.
3. If requesting a rapid pay card:
a. Fill in the Name of Financial Institution as "RAPID PAY CARD" and
b. Mark the box [X] Rapid Pay Card. The account and routing numbers are generated when the pay card is ordered.
4. It is your responsibility to notify the Treasury Department immediately of any changes in your financial institution information.
5. The completed form must signed and dated in front of a notary public.
6. For all new and changed forms submitted, a pre-notification to the bank must be done. It may take 2-3 weeks for your direct deposit to become effective. To expedite the process, attach a voided check or bank notification.
7. Incomplete forms will be returned to the tribal member for completion.
8. Please attached an additional page for more than two bank accounts.

Tribal Member Information

Form with fields: 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

Form with fields: Name of Financial Institution; Phone Number; Address; Account Number; City, State, Zip; Routing Number; Deposit Amount Will Be: [X] Net pay after other authorized deposits listed below

Optional Secondary Account - Financial Institution Information

Form with fields: Name of Financial Institution; Phone Number; Address; Account Number; City, State, Zip; Routing Number; Amount of Deposit: \$ _____ or _____ % of net pay

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. This authorization will remain in effect until cancelled in writing.

TRIBAL MEMBER SIGNATURE _____ DATE _____

STATE OF: _____ COUNTY OF: _____

Signed or attested before me this _____ day of _____, 20____
Day Month Year

seal

SIGNATURE _____ PRINTED _____ MY COMMISSION EXPIRES _____

UPDATED: AUGUST 1, 2019

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