



Phone: 989.775.4040
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ADULT PER CAPITA PAYMENTS DIRECT DEPOSIT AUTHORIZATION

Name: _____ Phone #: _____

Member #: _____ Last four digits of SS#: _____

**DIRECT DEPOSIT ACCOUNTS ARE LIMITED TO
ONE (1) PERSONAL ACCOUNT PER TRIBAL MEMBER**

PLEASE SELECT: NEW ACCOUNT CHANGE ACCOUNT

Name on Account if different than Member: _____

Bank Name: _____

Bank Routing Number (9 digits): _____

Account #: _____

Please Select: Checking Savings

Select Amount: \$ _____ Full Check

(\$15.00 per check fee will be assessed if the account is NOT listed as full check)

The Saginaw Chippewa Indian Tribe's Per Capita Department has my permission to send the amount each Per Capita pay cycle to the financial institution noted above. Direct Deposit will continue until a **STOP DIRECT DEPOSIT FORM** has been submitted.

Member Signature: _____ Date: _____