## **lowa Tribe of Oklahoma**

## **Direct Deposit Agreement Form**

Authorization A	greement	
Ihe	reby authorize <b>lowa Tribe of Oklahoma</b> to initia	ite
automatic deposits to my account at the financial institu		ibe of
Further, I agree not to hold <b>lowa Tribe of Oklahoma</b> responsion incomplete information supplied by me or by my financial in institution in depositing funds to my account.	-	
This agreement will remain in effect until <b>lowa Tribe of Ok</b> me or my financial institution, or until I submit a new direct		า from
Account Info	rmation	
Name of Financial Institution:		
Routing Number:		
Account Number:	Checking Saving	js
Signatu	re	
Authorized Signature (Primary):	Date:	
Authorized Signature (Joint):	Date:	
Mailing Address:	Phone#:	

## Please attach a voided check or deposit slip

