

ELECTRONIC ACH AUTHORIZATION

Signature Information: By signing below, I authorize my employer, Kaibab Paiute Tribe, or agent to send electronic payroll entries to my account and adjusting credit and/or debit entries as necessary in accordance with the United States law.

Debit Account Owner: I authorize my employer or agent to access my account with ACH entries (Account owner must sign)
_____ Signature
_____ Printed Name

Bank Information (Required)

Required Information	Send Entries To My Account At:
Institution (bank) Name:	
9-Digit Bank RTN #:	
Name on Account:	
TIN (SS# or EIN):	
Account #:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Termination Information: Account owner may stop the entries by contacting his or her employer 5 days prior to the entry. Otherwise, the next scheduled transfer will be stopped.