



## Fort Bidwell Indian Community Council

130 MeeTheeUh Rd

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Email: [tribalcouncil@fbicc.com](mailto:tribalcouncil@fbicc.com)

### Direct Deposit Authorization Form

Please print and complete ALL information below.

Full Name: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Please Check ONE ONLY**

Authorization  Cancellation  Changes  Correction

Financial Institution Name ("Bank"):

\_\_\_\_\_

Account Holder Name (as written on account):

\_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Deposit to: (attach voided check):  Checking  Savings

Bank Telephone Number: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ I (We) hereby authorize FORT BIDWELL INDIAN COMMUNITY COUNCIL ("Company") to deposit payments with the financial institution named above ("Bank"), and the Bank to credit the same to my account as described above. This authorization is to remain in force until the Company has received notification from me (or either of us) of its termination in such time and in such manner as to afford the Company and/or the Bank a reasonable opportunity to act on it.

\_\_\_\_\_ In the event that the Company notifies the Bank that funds to which I (We) am not entitled to have been deposited to my (Our) account inadvertently, I (we) hereby authorize and direct the Bank to return said funds to the Company as soon as possible.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

*Signature (if jointly owned, both parties must sign)*

**Before mailing, please remember to attach a voided check or deposit slip from your account, Thank You**