



# Salt River Pima-Maricopa Indian Community

## Direct Deposit Request Form

Payee Name		Tribal ID	
Address	City	State	Zip
Email Address		Phone	

Please check all that apply:

☐ Per Capita ☐ Lease ☐ Other (ex: Education, Garnishments, Extra duty, Senior check, Day labor)

Action Type: <input type="checkbox"/> New <input type="checkbox"/> Cancel		
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Bank Name: _____	Bank routing # _____	Account # _____

Action Type: <input type="checkbox"/> Change		
<b>FROM:</b> Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Bank Name: _____	Bank routing # _____	Account # _____
<b>TO:</b> Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Bank Name: _____	Bank routing # _____	Account # _____

I authorize Salt River Pima-Maricopa Indian Community ("SRPMIC") to deposit any amounts owed to me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any entries indicated by SRPMIC to my account. In the event that SRPMIC deposits funds erroneously into my account, I authorize SRPMIC to debit my account for an amount not to exceed the original amount of the erroneous credit.

Direct Deposit will be effective for your next payment as long as this form is complete, and **VERIFIED FOR ACCURACY**. This form must be accompanied by a voided check (or note from the bank with routing numbers). It must be received at least one month before the scheduled payment date. **If emailed, a clear copy of official photo identification must be attached.**

This authorization is to remain in full force and effect until SRPMIC has received written notice from me of its termination in such time and in such manner as to afford SRPMIC reasonable opportunity to act on it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by: _____	Received Date: _____
Verified by: _____	Verified Date: _____

Please return completed form to:

SRPMIC ~ Finance Department~10005 E Osborn Road~Scottsdale~AZ~85256  
Phone: (480) 362-7729 Email: [VendorMaintenance@SRPMIC-nsn.gov](mailto:VendorMaintenance@SRPMIC-nsn.gov)