

Salt River Pima-Maricopa Indian Community

Direct Deposit Request Form

Payee Name	Tribal II)	
Address	City	State	Zip
Email Address		Phone	
Please check all that app	ly:		
□ Per Capita □ Lease	☐ Other (ex: Education, Garnis	hments, Extra duty, Senior cho	eck, Day labor)
	Action Type: □ New	☐ Cancel	
Account Type:	Savings		
Bank Name:	Bank routing #	Account #	
Action Type: Change			
FROM: Account Type: Checking	Savings		
Bank Name:	Bank routing #	Account #	
TO: Account Type: ☐ Checking	Savings		
Bank Name:	Bank routing #	Account #	
to my account at the financial instit any entries indicated by SRPMIC t	opa Indian Community ("SRPMIC") to tution (hereinafter "Bank") indicated on to my account. In the event that SRPM in amount not to exceed the original arm	n this form. Further, I authorize E IC deposits funds erroneously int	Bank to accept and to credit
form must be accompanied by a vo	your next payment as long as this form oided check (or note from the bank wi . If emailed or mailed, a clear copy of	th routing numbers). It must be r	eceived at least one month
	ull force and effect until SRPMIC has and SRPMIC reasonable opportunity to		of its termination in such
		Received Date:	
Verified by:	Verified Date:		

Please return completed form to: