SQUAXIN ISLAND TRIBE
ELECTRONIC TRANSFER

PRINTED FULL NAME: _____

I hereby authorize the Squaxin Island Tribe to initiate credit entries and to initiate if necessary, debit entries and adjustments for and credit entries in error to my (our) ( ) checking ( ) savings account indicated below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

DEPOSITORY:

ROUTING # _____ **ACCOUNT#** _____ **Checking** ☐ **Savings** ☐

ATTACH DEPOSIT SLIP(S) OR VOIDED CHECKS HERE.

_____ _____

SIGNATURE **DATE**

FOR ACCOUNTS PAYABLE USE ONLY

DATE RECEIVED: _____ **DATE ENTERED:** _____

PRENOTE DATE: _____ **EFFECTIVE DATE:** _____

Squaxin Island Tribe

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