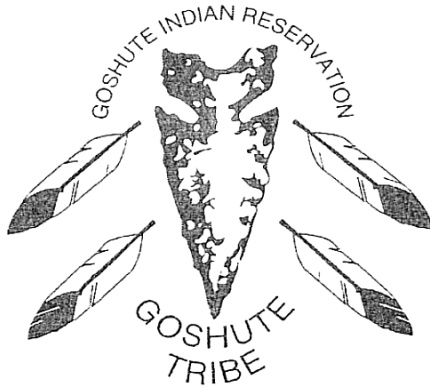




CONFEDERATED TRIBES
of the
GOSHUTE RESERVATION
HC 61, Box 6104
Ibapah, Utah 84034
(435) 234-1138 (office)

DIRECT DEPOSIT AGREEMENT FORM

Tribal Member Name: _____

I hereby authorize Confederated Tribes of the Goshute Reservation to initiate automatic deposits to my account at the Financial Institution named below. I also authorize Confederated Tribes of the Goshute Reservation to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Confederated Tribes of the Goshute Reservation responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my Financial Institution or due to an error on the part of my Financial Institution in depositing funds to my account.

This agreement will remain in effect until Confederated Tribes of the Goshute Reservation receives a written notice of cancellation from me or my Financial Institution or until I submit a new direct deposit form to the Finance Department.

ACCOUNT INFORMATION

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

☐ **Checking**

☐ **Savings**

SIGNATURE

Authorized Signature (Primary): _____

Authorized Signature (Joint): _____