

***Direct Deposit (ACH) Authorization Form***  
***For GTC Meeting Stipend, Per Capita, and Minors Trust Payments***

**Instructions and Information**

1. You are responsible to update your direct deposit information with the Trust Enrollment Department.
  - Please submit any changes to your direct deposit information thirty (30) calendar days prior to any per capita distribution. Failure to do so may result in your deposit being rejected. Please contact the Trust Enrollment Department or your banking institution with any questions or concerns.
  - Your Direct Deposit (ACH) Authorization Form will be applied to all future GTC meeting stipend, per capita, and Minors Trust payments until cancelled or amended. Please contact your banking institution regarding any problems that may occur.
  
2. Your direct deposit information will remain in effect until:
  - You submit a new completed and notarized Direct Deposit (ACH) Authorization Form.
  - You cancel the Direct Deposit (ACH) Authorization Form in writing.
  - Your direct deposit is rejected by your banking institution.
  - Your banking institution notifies the Trust Enrollment Department of a change to your account information.
  
3. Forms are **UNACCEPTABLE** and will be **VOIDED** if any of the following apply:
  - No authorized signature
  - Bank information is incomplete
  - Faxed, Photocopied, Scanned or E-mailed
  - Notary section is incomplete
  - Altered information (white out, crossing out)
  
4. If a guardian of estate has been appointed for you, either you or your guardian may complete this form. Payments will be processed in accordance with established law, rules, or policy.
  
5. The Oneida Nation will send to the e-mail address provided on your Direct Deposit (ACH) Authorization form your electronic pay stub, receipt of direct deposit, account verification, deposit date, and any other communications regarding your direct deposit. Please be sure to provide an e-mail address on the form. Should any future changes occur, please submit a new Direct Deposit (ACH) Authorization form.
  
6. You are required to complete and submit applicable Per Capita and/or Minors Trust payment forms each year.

**Trust Enrollment Department**

PO Box 365, Oneida WI 54155  
(920) 869-6200 \* 1-800-571-9902  
Fax: (920) 869-2995

[TrustEnrollments@oneidanation.org](mailto:TrustEnrollments@oneidanation.org)  
<https://oneida-nsn.gov/resources/enrollments/>



**Direct Deposit (ACH) Authorization Form**

*for GTC Meeting Stipend, Per Capita, and Minors Trust Payments*

**SECTION 1: TRIBAL MEMBER INFORMATION**

Roll Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

E-mail (for electronic pay stub/receipt): \_\_\_\_\_

**SECTION 2: BANK INFORMATION**

Account Type:  Checking  Savings

Bank Name: \_\_\_\_\_

Routing Number (ABA #): 

--	--	--	--	--	--	--	--	--

 ← This is a 9 digit number.

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

**SECTION 3: TRIBAL MEMBER AUTHORIZATION (MUST BE NOTARIZED)**

I hereby authorize the Oneida Nation to electronically deposit my applicable payment(s) via direct deposit to my account (this includes my authorization to reverse any entries made in error). I further understand I must complete any applicable paperwork to claim my per capita payment and/or minors trust payment.

I understand that an unforeseen delay in processing by any outside entity (automated clearing house or financial institution) due to computer down-time, power outages, or any other unavoidable occurrences might affect the date of deposit of funds to my account.

This authorization is to remain in effect until the Oneida Nation has received written notice of my intent to change or cancel this direct deposit authorization or at the discretion of the Oneida Nation.

The Oneida Nation must receive my written notification of any financial institution changes (including closing of accounts) at least thirty (30) calendar days prior to payment distribution in order to change or cancel this direct deposit authorization.

I will not hold the Oneida Nation responsible for delay, loss, or misapplication of funds due to incorrect or incomplete information supplied by me or my financial institution.

If my payment is being distributed through direct deposit and the bank rejects the deposit, I request that a check be issued to the applicable address on file. I understand fees may be deducted from the distribution pursuant to the Per Capita law or GTC Meeting Stipend Payment Policy.

My signature below confirms that I have read and understand this authorization and the Instructions and Information document.

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

**CERTIFICATE OF NOTARY PUBLIC**

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_,

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

My Commission Expires: \_\_\_\_\_

(SEAL/STAMP)