

**Trust Enrollment Department**

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

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



## ***Direct Deposit Cancellation Request***

**INSTRUCTIONS:**

1. You are responsible to update your direct deposit information with the Trust Enrollment Department.
2. Only complete this form if you wish to CANCEL your direct deposit information.
  - a. If you want to update and not cancel you direct deposit information, please complete a new direct deposit form.
3. Submit this form to:  
Trust Enrollment Department  
PO Box 365  
Oneida WI 54155
4. Any questions, please call (920) 869-6200 or 1-800-571-9902

**SECTION 1: MEMBER INFORMATION**

Roll Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

**SECTION 2: TRIBAL MEMBER AUTHORIZATION (MUST BE NOTARIZED)**

My signature below confirms that I want to cancel my direct deposit authorization for GTC Meeting Stipends, Per Capita and/or Minors Trust.

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

**CERTIFICATE OF NOTARY PUBLIC**

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

of \_\_\_\_\_, \_\_\_\_\_

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

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

(SEAL/STAMP)