

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

Instructions and Information

1. **You are responsible to update/cancel your direct deposit information with the Trust Enrollment Department.**
2. Trust Enrollment Department will no longer accept digital banking institutions such as Venmo, Chime, Paypal, GreenDot, GoBank, etc. If any digital banking institution is received, you will be notified by mail.
3. Your direct deposit information will remain in effect **INDEFINITELY** until one of the following is submitted:
 - 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 of a change to your account information.
4. Direct Deposit (ACH) Authorization Forms may be obtained by:
 - By contacting the Trust Enrollment Department
 - Visiting the Trust Enrollment website at <https://oneida-nsn.gov/resources/enrollments/>
 - Changing at the Oneida Nation Members Portal <https://oneida-nsn.gov/member-login/>
5. 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)
6. 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.
7. 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.
8. Your Direct Deposit (ACH) Authorization Form will be applied to all future GTC meeting stipend, GWA payments, and Minors Trust payments until cancelled or amended (Direct Deposit cannot be separated for multiple bank accounts, one bank account for all payments).
 - Please contact your banking institution regarding any problems that may occur.
9. You are required to complete and submit applicable GWA Application and/or Minors Trust payment forms each year.



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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 #):

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 ← 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 GWA payment and/or minors trust payment/and or GTC 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 GWA Exclusion 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)