

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 <u>not cancel</u> your direct deposit information, please complete a new Direct Deposit (ACH) Authorization form.
- 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:
	CERT	IFICATE OF NOTARY PUBLIC
(SEAL/STAMP)	Subsc	cribed and sworn to before me thisday
	of	
	Notai	ry Signature:
	My C	ommission Expires: