Direct Deposit Form
Elders Pension/SSI & SSD/Medicare Part B/Veterans Benefit Programs

For those who are receiving the Elder Security Payments (Pension), the first month after signing up for direct deposit, the recipient will still receive a check by mail, while the system checks the connection with the bank account. If the system finds everything correct for the connection to the account, the benefits will directly deposit to the account on the second month.

Please fill out the form on the bottom of this letter and return the form, *along with a voided check or a document from the financial institution (not a deposit slip)*, showing the account number that you would like to have your check deposited to.

Please return this form to:

Attn: Shannon Simi
Confederated Tribes of Grand Ronde
9615 Grand Ronde Road
Grand Ronde, Oregon 97347
Fax: 503-879-2480

We would like to encourage you to use this service. If you have any questions, please call Shannon Simi at 1-800-422-0232, extension 1358 or 503-879-1358 or via email Shannon.simi@grandronde.org.

I hereby authorize The Confederated Tribes of Grand Ronde, hereinafter called TRIBE, to make payment of my monthly Tribal benefits to the bank indicated below, hereinafter called BANK, to credit with the amounts thereof my _____ CHECKING _____ SAVINGS account indicated below:

BANK NAME	ADDRESS
BRANCH	CITY

This authority is to remain in full effect until TRIBE has received written notification from me of its termination in such time and manner as to afford TRIBE a reasonable opportunity to act on it, or until TRIBE has sent me ten (10) day written notice of the TRIBE'S termination of the arrangement.

NAME	SOCIAL SECURITY NO.	TRIBAL ROLL NO.
SIGNATURE		DATE

TRANSIT ROUTING NUMBERS | | | | | | | | | | |

ACCOUNT NUMBER INFORMATION | | | | | | | | | | | | | | | |