Cancellation of Direct Deposit

Authorization Agreement

I hereby authorize **Little River Band of Ottawa Indians** to CANCEL automatic deposits to my account at the financial institution named below. I also authorize **Little River Band of Ottawa Indians** to make withdrawals from this account in the event that a credit entry is made in error.

I acknowledge that the written request to cancel direct deposit must be received no less than 5 days before the distribution.

Further, I agree not to hold **Little River Band of Ottawa Indians** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me.

Member Information

Name: _____ **Tribal ID #:** _____ **Phone:** ( ) _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Account Information

Name of Financial Institution: _____

Routing Number: ☐☐☐☐☐☐☐☐☐

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Checking ☐ Savings ☐

Member Signature

Authorized Signature: _____ **Date** _____

NOTARY STAMP, SIGNATURE AND DATE

(Name)_____Acknowledged before me in _____ County, State of_____on this date_____.

Notary's Stamp

Notary Signature_____

Notary Public, State of _____, County of_____;

My commission expires_____; and Acting in the County of_____.

Faxed copies are not acceptable and will not be processed.

Please Mail Original to:

Little River Band of Ottawa Indians
Enrollment Department
2608 Government Center Drive
Manistee, MI 49660