

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:

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Account Number:

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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