



## **Authorization to Direct Deposit**

Tribal Government Administration Payroll Payments

**I hereby give my authorization to allow Middletown Rancheria to make direct deposits to my account as described below for Employee Payroll payments only.**

*(check one box only)*

Checking or  Savings

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Print Name as on Bank Account

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Name of Banking Institution- *(print clearly)*

\_\_\_\_\_  
Bank Routing No. - *(9 digits)*

\_\_\_\_\_  
Account Number - *(print clearly)*

\_\_\_\_\_  
Day Time Phone Number - if needed

**FOR ACCOUNTING OFFICE USE:**

\_\_\_\_\_  
Posted By:

\_\_\_\_\_  
Approved By:

\_\_\_\_\_  
Date:

SJS06102019