



**Authorization to Direct Deposit**  
**Tribal Distribution**

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

*(check one box only)*

Checking   or    Savings

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Bank – *(print clearly)*

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

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

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

.....  
FOR ACCTG OFFICE USE:

\_\_\_\_\_  
Posted by:

\_\_\_\_\_  
Approved by:

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