



DIRECT DEPOSIT

AUTHORIZATION FORM

Payee Information:

Employee Name: _____

1) Banking Institution: _____

Routing No: _____ Account No: _____

___ Checking or ___ Savings Deposit: \$ _____ or _____ %

2) Banking Institution: _____

Routing No: _____ Account No: _____

___ Checking or ___ Savings Deposit: \$ _____ or _____ %

3) Banking Institution: _____

Routing No: _____ Account No: _____

___ Checking or ___ Savings Deposit: \$ _____ or _____ %

How would you like to receive your check stub?

___ Paper Copy Only ___ E-mail Copy Only ___ Both

E-mail Address: _____

I authorize Big Valley Rancheria to deposit all payments due to me in the account(s) named above. I am aware that all changes in my deposit account(s) must be updated by Big Valley Rancheria's fiscal staff in order to ensure that payments are properly directed and received.

Employee Signature: _____ Date: _____

Fiscal Staff Signature: _____ Date: _____

Please Provide a Copy of a Check