



INSTRUCTIONS
Please Read This Information
Carefully

- **It is the vendor's responsibility to confirm receipt of their direct deposit with their financial institution.**
- **If any action or inaction taken by the vendor results in non-acceptance of a direct deposit by the designated financial institution, the vendor understands that LTBB will not process a replacement check until the amount of the non-accepted deposit is returned to LTBB. Please notify LTBB Accounts Payable if your account has been closed.**
- **In the event that an erroneous payment is sent to your financial institution, LTBB reserves the right to reverse the transaction through the financial institution and debit your account for an amount not to exceed the erroneous payment**
- **The vendor's name must appear on the account.**
- **Please mail completed applications to Accounts Payable at 7500 Odawa Circle, Harbor Springs, MI 49740 or email to accountspayable@ltbbodawa-nsn.gov Completed forms can also be faxed to (231)-242-1449**

Detailed Instructions

NEW

Mark this box if you wish to begin receiving ACH payments

CANCEL

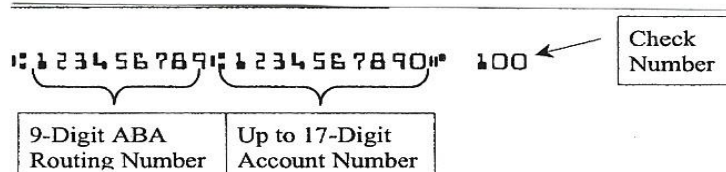
Mark this box if you wish to cancel an account. Allow up to one week for this to become effective.

Account type –

If you select checking, please attach a voided check or a copy of a check for each checking account. If you select saving, please contact your financial institution for the correct routing number. Deposit slips are NOT acceptable. If a voided check is unavailable, we are not responsible for errors. We strongly recommend that account information is typed in order to avoid errors in handwriting interpretation.

Routing Number & Account Number –

Clearly, print the financial institutions 9-digit routing number. See the check sample below for location of routing number and account number.





**Little Traverse Bay Bands of Odawa Indians
Electronic Funds Transfer
(EFT) Authorization Form**

Name _____ **Tribal ID#** _____
Phone # _____ **Email Address** _____

Attach a voided check or copy of a check for each checking account – not a deposit slip.

If depositing to a savings account, contact your financial institution for the correct 9-digit routing number. It isn't always the same as the number on a savings deposit slip.

NEW CHANGE CANCEL

Financial Institution Name _____
Account Type Checking Savings
Routing # _____ Account # _____

Please read before signing.

The agreement represented by this authorization remains in effect until canceled by the vendor. Your EFT transaction will continue to be deposited into your designated account until LTBB Accounts Payable is notified in writing that you wish to re-designate your account and/or cancel your account. It is the vendor's responsibility to confirm receipt of their direct deposit with their financial institution. The vendor's name must appear on the account. If any action or inaction taken by the vendor results in non-acceptance of a direct deposit by the designated financial institution, LTBB will not process a replacement check until the amount of the non-accepted deposit is returned to LTBB. Please notify LTBB Accounts Payable if your account has been closed.

In the event that an erroneous payment is sent to your financial institution, LTBB reserves the right to reverse the transaction through the financial institution and debit your account for an amount not to exceed the erroneous payment.

I hereby certify that I have read and understand the information contained on pages 1 and 2 of this authorization form. By signing this form, I authorize LTBB to deposit payments owed to the designated Financial Institution(s) and account(s) named herein.

Please direct any questions to accountspayable@ltbbodawa-nsn.gov or (231) 242-1436 - (231) 242-1541

Vendor Signature _____ Date _____

By checking this box and typing my name above, I am electronically signing this authorization form.

_____ ACCOUNTING USE _____

Form received by: _____ Information updated on _____

Signed: _____ Date: _____