

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize Zions First National Bank and the financial institution shown to deposit my Tribal Distribution directly to my account each payment date and initiate, if necessary debit entries and adjustments for any deposit entries made in error to my account. This authority will remain in effect until I file a new Authorization Form.

Tribal Member Information and Authorization

Tribal Member Name (Print as it appears on your W-9)	Tribal Member Distribution held by: Colorado River Indian Tribes
Date: Home phone: Email:	Tribal Member Signature: If Tribal Member is minor, Signature of Parent/Guardian:

Financial Institution Information

Please include ALL numbers for your bank account and bank routing numbers, even if they start with zeros.

Financial Institution Name: _____
 Phone# _____
 Account Name: _____
 Bank Routing# _____
 Account# _____

Type of Account (Check One):

- Checking Account
- Savings Account

Due to the time required for company and bank processing, allow two weeks for processing. **Attach Your Voided Check for checking account deposits or Savings Deposit/Withdrawal.** We cannot accept a deposit ticket for checking account additions. Even if you bank with Zions Bank you will need to attach this form. Please do not send back the tribal distribution check(s) you have already received for us to deposit into your account.

Important Note:

Failure to cash checks may be subject to abandon property and escheatment to the state of last known residence, including underlying shares and dividends. Depending upon your state of residence and state laws, property may be considered to be abandoned and will be escheated or returned to the state of last known residence. Please contact us for any questions at 801-844-7545.