Interested in receiving future checks via direct deposit, rather than a paper check in the mail? Complete and return our EFT sign-up form!

Little Traverse Bay Bands of Odawa Indians
Electronic Funds Transfer (EFT)
New, Change, or Cancel Authorization Form

Individuals must be at least 18 years of age to enroll.

**NOTE: Any changes to an EFT authorization (new, change, or cancel) must be made using this form.*

Name: _____ Tribal ID #: _____

Phone Number: _____ Email Address: _____

Last 4 digits of Tax ID #: _____ (Social Security for individuals or EIN for organizations)

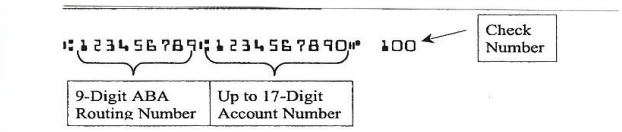
Please indicate the type of request: ☐ NEW ☐ CHANGE ☐ CANCEL

Financial Institution Name: _____ Account Type: ☐ Checking ☐ Savings

Routing #: _____ Account #: _____

*If you select **checking**, please attach a voided check or a copy of a check for each checking account. If you select **savings**, please contact your financial institution for the correct routing numbers, as it is not always the same as the number on a savings deposit slip. Deposit slips are NOT accepted. If a voided check is unavailable, LTBB is not responsible for errors. We strongly encourage that account information is typed to avoid errors in handwriting interpretation.

*Routing and Account #: Clearly print the financial institution's 9-digit routing number. See the check sample below for location of routing number and account number.



The agreement represented by this authorization remains in effect **until canceled by the applicant**. Your EFT transaction will continue to be deposited into your designated account until LTBB Accounts Payable is notified **using this form** that you wish to **change** or **cancel** your account. It is the applicant's responsibility to confirm receipt of their direct deposit with their financial institution. The applicant's name must appear on the account. If any action or inaction taken by the applicant 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 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 within 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. I also certify that I am least 18 years of age.

Applicant Signature: _____ Date: _____

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

All applicants must include with this form a copy of their Tribal ID, State ID, or organizations must submit a W9.

Completed forms & accompanying documents can be submitted by any of the following methods:

- Mail or drop off in-person to: LTBB Accounts Payable, 7500 Odawa Circle, Harbor Springs, MI 49740
- Fax to: (231) 242-1449
- Complete online in the Forms Directory on the LTBB website: https://ltbbodawa-nsn.gov/eft/

Questions? Contact LTBB Accounts Payable at accountspayable@ltbbodawa-nsn.gov or (231) 242-1436 or (231) 242-1541.