

Kashia Band of Pomo Indians  
of Stewarts Point Rancheria



## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize Stewarts Point Rancheria to initiate automatic deposits to my account at the financial institution named below. I also authorize Stewarts Point Rancheria to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Stewarts Point Rancheria responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Stewarts Point Rancheria receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Fiscal Office.

### Account Information

Name of Financial  
Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

### Signature

Authorized Signature

(Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized PRINT NAME: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

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

Please attach a voided check or deposit slip and return this form to the Fiscal Office.

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