



Authorization for Electronic Funds Transfer (EFT) / Direct Deposit Form

Form Submission Instructions

Important Information Regarding EFT/Direct Deposit.

(Please read before signing the Authorization Agreement form.)

- Participants who wish to have their checks deposited directly into their bank account must complete an Authorization Agreement for EFT/Direct Deposit Form.
- Once you agree to the EFT/Direct Deposit process, all transactions will be in this format until we receive your written request to cancel the process.
- Notice of EFT/Direct Deposits will be sent via email if chosen.



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Vendor

First Name, MI: _____

Last Name: _____

Email Address: _____

Account Information

Please check one of the following:

- Add.** Deposit funds to the account shown.
- Change.** Change my financial institution and/or account number.
- Cancel.** Stop my participation in the direct deposit program.

Type of account. Please check one of the following:

- Checking** (default if none selected)
- Savings**

Type of account. Please check one of the following:

- Business**
- Personal**

Name of Financial Institution: _____

Bank Routing # (ABA#): _____

Account #: _____

Account Holder Name: _____

Account Holder Signature: _____

I hereby authorize Osage Nation Treasury Department to initiate deposits to the bank account indicated below. This agreement authorizes the Osage Nation Treasury Department to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future. This agreement authorizes the financial institution holding the account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable federal and tribal laws. This authorization will be in effect until the Osage Nation Treasury Department receives a written termination notice from myself and has a reasonable opportunity to act on it. I understand the Osage Nation Treasury Department will not provide written statements advising me of deposits. Osage Nation may assign its rights and obligations under this agreement to Osage Nation's designated fee-for-service contractor. Osage Nation may change its designated contractor at Osage Nation's discretion. I acknowledge that I have read, and I understand, this entire agreement. If my financial institution information changes, I agree to submit to Osage Nation an updated EFT Authorization Agreement.

Vendor Signature: _____

Date: _____

Attach Voided Check Below

- *Providing a voided check is optional but will eliminate any errors in payee information.*

Please tape your voided check here

(Do not send deposit slips)