



Stockbridge-Munsee Community

Office of Accounting Services

Account Payables

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

Business Name _____

Phone Number _____

Customer Name _____

First

Last

MI

Address _____

City _____

State _____

Zip Code _____

E-Mail Address (for electronic pay stub): _____

The above hereby authorize Stockbridge-Munsee Community (SMC) and our bank to automatically make deposits into the account listed (this includes authorization to correct entries made in error.) This authorization will remain in effect until a written notice to cancel.

I hereby authorize Stockbridge-Munsee Community (SMC) to update all payments processed in my name per this authorization form. This authorization agreement includes refunds, reimbursements, travel request, and Per Capita.

Complete for DIRECT DEPOSIT

Bank Account

Checking

Savings

Circle Type of Account

It's safe and secure.

Bank Name _____

* No more lost or misplaced checks.

Bank Routing # _____

* Payments are automatically deposited into your account

* Bank Account # _____

* It eliminates a trip to the bank.

** For account verification, you must attach a voided check or verification letter.

Use Account Info on File

Remove From Direct Deposit

* If your bank account number has changed, please provide a voided check or bank specification sheet.

**Banks are very strict with their routing number to avoid any issues, please attached requested documentation.

The processing of this form will take at least two pay periods.

Signature _____

Date _____

FOR ACCOUNTING SERVICES USE ONLY

Processed by _____

Date _____

Return To: Attn: Nancy Boivin, Stockbridge-Munsee Community, PO Box 70, Bowler, WI 54416