



Stockbridge-Munsee Community

Band of Mohican Indians

Division of Finance: Accounts Payable Department

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

Business Name: _____ Phone Number _____

Individual Name: _____
First Last MI

Address: _____
City State Zip Code

Email Address: _____
Required for Electronic Notifications

ACCOUNT INFORMATION

Bank Name: _____

Bank Routing #: _____

Bank Account #: _____

ACCOUNT TYPE

Checking

Savings

Circle Choice

Please attach a voided check or account verification from your financial institution

I authorize the Stockbridge-Munsee Community (SMC) and the associated bank to automatically deposit funds into the account number specified above. This authorization includes all payments processed in my name and will remain in effect until I provide written notice to terminate the agreement.

Signature _____

Date _____

Return to: Tara Moderson, Division of Finance

Mail: Stockbridge-Munsee Community
PO Box 70
Bowler, WI 54416

In-Person: Administration Building
N8705 Moh He Con Nuck Road
Bowler, WI 54416

Email: tara.moderson@mohican-nsn.gov