LUMBEE TRIBE ENTERPRISES, LLC

Direct Deposit Application Form

Complete this section for new enrollment, and financial institution or account changes. The employee should complete additional pages of the authorization form, as needed. Please attach a VOIDED CHECK for all accounts.

Name (Last, First MI):	Employee ID:
New Enrollment: ☐ Account Change: ☐	Effective Date:

Account #1 (Checking/Savings/Other):

NAME:	BRANCH:
CITY:	STATE:
TRANSIT/ROUTING #:	ACCOUNT #:
% NET PAY/AMOUNT:	

Account #2 (Checking/Savings/Other):

NAME:	BRANCH:
CITY:	STATE:
TRANSIT/ROUTING #:	ACCOUNT #:
% NET PAY/AMOUNT:	

I authorize Lumbee Tribe Enterprises, LLC to initiate accounting transactions to deposit my employee pay directly to the account(s) indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to these accounts. This authorization is to remain in force until Lumbee Tribe Enterprises, LLC receives written notice from me to cancel or change this authorization.

Signature:
Date:

Federal ID #45-2734911