

SENECA NATION OF INDIANS

FISCAL AFFAIRS DEPARTMENT
OFFICE OF ACCOUNTING

DISABILITY PAYMENTS DIRECT DEPOSIT FORM

Direct Deposit can only deposit to one account and for the full amount of your disability check

Please be sure that the information provided below is accurate and legible.
Upon completion of form, submit to the Accounting Office.

Failure to provide proper documentation could lead to form being returned to participant.

Please choose one of the following:

- Initial Request to Sign Up
 Account Number and/or Banking Institution Change

FOR ACCOUNT # OR BANK CHANGES, PLEASE ALSO CHECK ONE OF THE TWO BELOW:

Please make sure change is done at least 3 weeks in advance of disability payment check date.

Attach a VOIDED CHECK or LETTER FROM YOUR BANK showing ROUTING and ACCOUNT NUMBER to this form.

CHECK OR LETTER MUST CONTAIN YOUR NAME AND ADDRESS.

*****START UP CHECKS ARE NOT ACCEPTABLE.**

Participating in SN Direct Deposit is voluntary. Understanding that funds deposited directly into your bank account can be monitored by outside governmental agencies and may be counted as income.

Participant Name: _____

Roll # _____ Date of Birth: _____

Banking Institution Name: _____

Bank Branch/Phone #: _____

Bank ID/ABA #: _____

Participant Account#: _____

Please indicate which type of account the above number represents:

Checking Savings

I understand that my Direct Deposit will be available at Noon on payment date;

and that the above requested Direct Deposit must be received in Accounting office **30 days prior to Disability Check Date**. I may withdraw this request for Direct Deposit at any time but I must provide at least **TEN** business day written notice prior to an Disability check date. Should I request an account number and/or bank change, I must then provide a **15** day written notice.

Signature: _____ Date: _____

For Accounting Use Only:	For Maintenance Verification:
Date Received: _____ / _____ / _____	Prenote: <input type="checkbox"/>
Prenoted at Keybank: _____ / _____ / _____	Remainder: <input checked="" type="checkbox"/>
DD Start Date: _____ / _____ / _____	
Forwarded to Disability Office: _____ / _____ / _____	

DISABILITY DIRECT DEPOSIT DOES NOT AUTOMATICALLY SIGN UP FOR ANNUITY/ELDER DD