



SENECA NATION OF INDIANS

MINORS TRUST FUND(MTF) DIRECT DEPOSIT SIGN UP FORM

Direct Deposit the full amount of your MTF check into ONE bank account.

Minors(under 18) are not eligible for Direct Deposit program.

What Direct Benefit are you signing up for?

MINORS TRUST FUND

I verify I am over 18 years old

If eligible to participate, please choose one of the following:

Use information for Annuity ACH

Send to other account (see below)**

****Attach a VOIDED CHECK/DEPOSIT SLIP OR a LETTER FROM YOUR BANK listing Name & Address on Account, Account Type (Checking or Savings) and Account Number.**

Voided Check/Deposit slip must have name and address pre-printed on document.

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

Failure to provide proper documentation will result in this form being returned to you.

Name: _____ Date of Birth: _____

Roll # _____ Phone #: _____

Banking Institution Name: _____

Bank Branch/Phone #: _____

Bank ID/ABA #: _____

Member Account#: _____

Please indicate which type of account the above information represents:

Checking Account

Savings Account

I understand that my Direct Deposit will be available at Noon on payment date, and that the Direct Deposit request must be received in Accounting Dept 30 DAYS prior to MTF check date. This request may be withdrawn at any time, but I must provide written notice at least 10 BUSINESS DAYS prior to MTF check date. Should I request a change of banking institution or account number, I must provide written notice of the change 15 BUSINESS DAYS prior to MTF check date.

Signature: _____ Date: _____

PLEASE FORWARD THIS COMPLETED FORM, WITH ATTACHMENTS, TO:

SENECA NATION OF INDIANS, ACCOUNTING DEPT., PO BOX 231, SALAMANCA, NY 14779

For Accounting Use Only:

Date Received: _____ / _____ / _____

Prenoted at Keybank: _____ / _____ / _____

DD Start Date: _____ / _____ / _____

Forwarded to Clerk's Office: _____ / _____ / _____

For Maintenance Verification:

Payment Method Code **ACH**

Use for Electronic Payment: