



WILTON RANCHERIA

THE CAPITAL TRIBE

Member Services

Direct Deposit Enrollment Form

Instructions

To enroll in direct deposit, complete the information below and attach supporting bank documentation showing the routing and account information. Forms not submitted in person must be notarized and may be mailed, emailed, or faxed with the Notary Statement.

Tribal Member Information

Name of Tribal Member: _____

Date of Birth: _____ Last Four Digits of SSN: _____

Address: _____

City, State: _____

Phone Number: _____

Banking Information

Bank Name: _____

Routing Number: _____

Account Number: _____

Select the option below:

☐ Checking

☐ Savings

Please initial the statement that accurately reflects your eligibility and selection.

_____ I am enrolled with Wilton Rancheria and elected to receive my General Welfare and Per Capita distributions in the form of direct deposit.

_____ I am the authorized representative of a Tribal Minor enrolled with Wilton Rancheria and elect to receive their Minor's General Welfare distributions by direct deposit.

Authorized Representative Name: _____

Signature: _____ Date: _____

