



## Soboba Band of Luiseño Indians

P.O. Box 487, San Jacinto, CA 92581 \* 951.654.2765

### CANCEL DIRECT DEPOSIT

**(CHANGES MUST BE SUBMITTED BY THE 15<sup>TH</sup> OF EACH MONTH)**

**IMPORTANT:** Please read and sign before completing and submitting.

TRIBAL MEMBER INFORMATION		
First	Middle	Last
SSN	Home Phone	Cell Phone
BANK NAME		BANK NAME
Please check (✓) one: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number: _____ Routing Number: _____		Please check (✓) one: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number: _____ Routing Number: _____

I wish to cancel my enrollment for Direct Deposit.

I hereby authorize my employer, (hereinafter "Company") to cancel my Direct Deposit to my account(s) at the financial institution(s) (hereinafter "Bank") indicated on this form.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of re-enrollment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date