DIRECT DEPOSIT AUTHORIZATION FORM

Use this form to
- Establish New Direct Deposit Authorization at a Bank or Credit Union
- Change Financial Institution and/or Account Type or Number

Mail the ORIGINAL form to:
Distribution Manager
Office of Tribal Distribution
P.O. Box 6090
Choctaw, MS 39350

Instructions:
1. Complete all information listed below including name and account number at financial institution and whether deposit to a checking or savings account is requested
2. For checking account-attach a voided personal check or letter from your financial institution on their letterhead which includes their routing number and your account number.
3. Savings account-attach a statement from your financial institution or letter from your financial institution on their letterhead which includes their routing number and your account number.
4. Sign this form, notarize it and return to the Office of Tribal Distribution.

Important Reminders:
1. Distribution funds are credited to your account on the day of distribution, as approved by the Tribal Council.
2. Failure to notify the Office of Tribal Distribution in a timely manner of changed or closed accounts may substantially delay the receipt of payments if an attempt is made to deposit funds into a closed account.

Checking account: a voided check or letter from your financial institution on their letterhead which includes their routing number and your account number is required to process this authorization.

Savings account: attach a statement from your financial institution or letter from your financial institution on their letterhead which includes their routing number and your account number is required to process this authorization.

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Routing Number  Check Number
Account Number

THOMAS B. ANDERSON
MARY ANDERSON
123 Main, Peoria, IL 61565

SAMPLE

1001

13548790

Union Bank of California
PRINT CLEARLY OR TYPE- Any discrepancies may cause a delay in receiving your payment.

AUTHORIZATION: I authorize the Mississippi Band of Choctaw Indians and the financial institution listed below to initiate electronic debit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account listed below. This authority will remain in effect until I have canceled it in writing to the Office of Tribal Distribution.

☐ Establish NEW account ☐ Change existing account

FINANCIAL INSTITUTION INFORMATION ☐ Checking Account ☐ Savings Account

<table>
<thead>
<tr>
<th>Name of Financial Institution</th>
<th>ABA Routing #</th>
<th>Account #</th>
</tr>
</thead>
</table>

APPLICANT INFORMATION

<table>
<thead>
<tr>
<th>Tribal Member?</th>
<th>☐ Yes ☐ No</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Social Security #</th>
<th>Tribal Roll #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone Number</th>
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DEPENDANT INFORMATION – Dependents must be included as account holders with applicant.

<table>
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<th>First</th>
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</table>

SWORN AFFIDAVIT

I, the undersigned, first having been duly sworn on oath, state as follows:

1. I am an enrolled member of the Mississippi Band of Choctaw Indians (the "Tribe") and/or my dependents are enrolled members of the Mississippi Band of Choctaw Indians and, as such, am/are eligible to receive distribution payments when authorized by the Tribal Council.

2. I make this affidavit that my distribution payment and/or my dependent's distribution payment shall be made electronically to the above-named financial institution.

3. I understand that making a false affidavit to receive a distribution payment is a crime and that I can be prosecuted in Tribal and/or Federal Courts for receiving a distribution payment under false pretenses.

4. I am under no legal disability which would prevent my making this affidavit and I have fully read and understand it.

Further, affiant saith not.

STATE OF ____________________________

COUNTY OF ____________________________

Personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the undersigned ____________________________, who after being by me first duly sworn on his/her oath that the matters and facts in the above and foregoing affidavit are true and correct to the best of his/her knowledge and belief.

Signature

Sworn to and subscribed before me this the ______ day of ______, 20____

Notary Public

My Commission Expires: ________________________________