

# Enroll in DIRECT DEPOSIT

Get your December  
distribution check faster!

Distribution is December 8, 2022

Still getting a paper distribution check? Consider Direct Deposit

By switching to **Direct Deposit** you can get access to your distribution monies the same day. No need to wait for your check to arrive in the mail!

Mail delivery issues always arise during Christmas season. USPS receive a high volume of mail during this time of year. While these issues are out of our control by not signing up for **Direct Deposit** you may face delays in receiving your check.

## THE BENEFITS OF DIRECT DEPOSIT:

|             |  |
|-------------|--|
| Faster      | Have access to the money day of distribution               |
| Out of Town | Money will be in your account                              |
| Convenient  | No trip to the bank, no waiting in line to cash your check |
| Less Stress | No more worries for lost/stolen checks                     |

**DISTRIBUTION WILL BE DECEMBER 8, 2022.  
DEADLINE FOR DIRECT DEPOSIT, ADDRESS AND  
ANY OTHER CHANGES WILL BE **NOVEMBER 7, 2022 AT 4:30PM.**  
NO EXCEPTIONS!**

Once you open a bank account at the bank of your choosing fill out the Direct Deposit Authorization Form that is part of the Distribution packet.

The form can be found under the Featured Events section of [www.choctaw.org](http://www.choctaw.org) website. Copies also available at the Finance Office window.

Turn all forms in at the Finance Office window between 9AM - 3PM Monday - Friday. The window is closed between 12-1PM for lunch.

If you have any questions contact the Distribution Office at (601) 650-1522 or email [distribution@choctaw.org](mailto:distribution@choctaw.org)

Staple VOIDED check here

# 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:

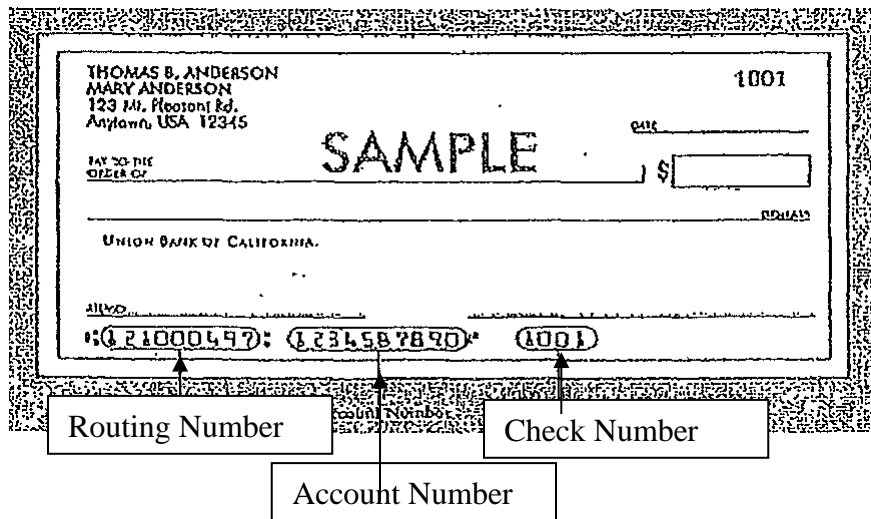
1. Complete all information listed below including name and account number at financial institution and whether deposit to a checking or savings account is requested
2. For checking account-attach a voided personal check or letter from your financial institution on their letterhead which includes their 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



**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 credit entries, and if necessary, debit entries and adjustment 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

\_\_\_\_\_  
Name of Financial Institution    ABA Routing #    Account #

APPLICANT INFORMATION    Tribal Member?                      Yes                      No

\_\_\_\_\_  
First    Middle    Last    Social Security #    Tribal Roll #

\_\_\_\_\_  
Street Address                      City    State    Zip    Phone Number

DEPENDANT INFORMATION – Dependents must be included as account holders with applicant.

\_\_\_\_\_  
First    Middle    Last    Social Security    Tribal Roll #

\_\_\_\_\_  
First    Middle    Last    Social Security    Tribal Roll #

\_\_\_\_\_  
First    Middle    Last    Social Security    Tribal Roll #

**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 sayeth 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:  
\_\_\_\_\_