

**TERMINATION OF DIRECT DEPOSIT**  
**FOR TRIBAL PER-CAPITA**

I, \_\_\_\_\_, hereby revoke my prior authorization for direct deposit, including all credits and debits to my account for Tribal Per-Capita purposes. I understand that this revocation will become effective as soon as possible after the date that appears below.

\_\_\_\_\_  
*Printed Name & Enrollment Number*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*