

Hoop Valley Tribe

Fiscal Department
Payroll Direct Deposit Enrollment Form



Check One →

Enroll

Modify

Cancel

Employee's Payroll ID: _____ Department Name: _____

Last Name (As it Appears on the Bank Account): _____

First Name (As it Appears on the Bank Account): _____

Middle Name / Initial (As it Appears on the Bank Account): _____

Employee's Bank Name: _____

Bank's Routing Number: _____

Check One →

Checking Account

Savings Account

Attach voided check or savings account deposit slip to the front upper left corner of this form.

Checking / Savings Account Number: _____

You must attach a voided check to the upper left corner of this form if you are selecting a checking account for Direct Deposit.

Do not submit a checking account deposit slip in the place of a voided check.

You must attach a savings account deposit slip to the upper left corner of this form if you are selecting a savings account for Direct Deposit.

Do not submit a checking account deposit slip in the place of a savings account deposit slip.

All of the bank account information needed above should be either on your voided check or savings account deposit slip.

Before signing this form, read and initial the back page.....→

I agree that I have read and understand both the front and back of this application
and have initialed the back.

Employee's Signature: _____

Date Signed: _____