

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: _____



Terms and Conditions of the Hoopa Valley Tribe's Direct Deposit Program

NOTICE: While it is anticipated that most transactions will be completed on the exact day designated, it is understood that due to circumstances beyond the control of the Hoopa Valley Tribal Council (HVTC), particularly, but not limited to delays in handling and posting payments, some transactions may take a business day or even a few business days longer to be credited to your account. For this reason, it is strongly recommended that: your account always contains sufficient funds to complete any necessary payments or transactions that may be deducted from your banking account. The risk of incurring, and the responsibility for paying, any and all late charges, penalties, or any other liabilities due to the failure of your account to cover any payments due to any delays in the Direct Deposit Program shall be borne by you. The Direct Deposit Program is a service of the HVTC to its employees and the HVTC will use reasonable efforts to deposit your paychecks properly. However, the HVTC shall incur no liability if it is unable to complete any deposits. If your lifestyle is one that is "paycheck to paycheck" then you may not want to participate in this service.

IN NO EVENT SHALL THE HVTC BE LIABLE FOR ANY DIRECT, INDIRECT, SPECIAL, INCIDENTAL, CONSEQUENTIAL, OR EXEMPLARY DAMAGES, INCLUDING LOST PROFITS (EVEN IF ADVISED OF THE POSSIBILITY THEREOF) ARISING IN ANY WAY OUT OF THE USE OF THE HVTC DIRECT DEPOSIT PROGRAM.

ADDRESS OR BANKING CHANGES

You agree to promptly notify the HVTC in writing of any address or transaction account change at least ten (10) business days prior to any deposit of your payroll into your account.

TERMINATION OR DISCONTINUATION

In the event you wish to discontinue this service, you must notify the HVTC in writing at least ten (10) business days prior to the actual discontinuance date. The HVTC may terminate this service to you at any time with or without cause. Neither termination nor discontinuation shall affect your liability or obligations under this Agreement.

GOVERNING LAW

This Agreement shall be governed by, construed, and enforced in accordance with the laws of the Hoopa Valley Tribe.

SOVEREIGN IMMUNITY

Nothing in this Agreement shall be deemed or construed to be a waiver of the sovereign immunity of the Hoopa Valley Tribe, its officials, its entities, or employees acting within their official or individual capacities.

I HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND AGREE TO BE BOUND BY ALL OF ITS TERMS.

Initials of Enrollee: _____