



PROVIDENCE FIRST TRUST COMPANY
DIRECT DEPOSIT FORM

PROVIDENCE FIRST
TRUST COMPANY

1. GENERAL INFORMATION OF THE YOUNG ADULT

Name: _____ Enrollment Number/Tribal ID # _____

You must attach a copy of a photo ID (such as a Driver's License).

Mailing Address: _____
(must match address on file with Tribal Membership/Enrollment) City State Zip Code

Phone number: _____ Email address: _____

- This is a: _____ (1) NEW direct deposit instruction.
 _____ (2) CHANGE to existing direct deposit instruction.
 _____ (3) STOP previous direct deposit instruction and switch to checks.

2. BANK ACCOUNT INFORMATION

Name on the Account: _____ Bank Name: _____

Account Number: _____ Routing Number: _____

Is this a: _____ Checking Account or _____ Savings Account?

****REQUIRED: Attach a voided check or a letter from your bank confirming the information in this section.**

SIGNATURE & NOTARIZATION

I hereby authorize Providence First Trust to initiate, change or stop (as marked above) distributions from my trust to be electronically transferred to the bank account above until further notice. I understand that these instructions will remain in effect until I submit a new form changing or stopping these instructions.

I assume all risk of Providence First Trust transferring funds according to the directions above and I understand that Providence First Trust will not contact my bank to confirm the name on the account or whether I am an authorized signer on the account or whether there are other authorized signers on the account. I agree to hold Providence First Trust harmless inasmuch as it follows these instructions.

Signature: _____ Date: _____

STATE OF _____
County of _____

Subscribed and affirmed before me on this _____ day of _____, 20____, by _____,
proved to me on the basis of satisfactory evidence to be the person who appeared before me.
IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public Signature: _____
Expiration Date: _____

Notary Stamp