



TRIBAL SCHOLARSHIP PROGRAM

PHONE (601) 650-7409 / FAX (601) 650-7413
MISSISSIPPI BAND OF CHOCTAW INDIANS
P. O. BOX 6085
CHOCTAW, MS 39350

Direct Deposit Authorization Form

Authorization type: ☐ New Account ☐ Update Account ☐ Cancel Future Deposits

Name: _____
First Middle Last Maiden

Address: _____
Street/PO Box City State Zip

Name of Financial Institution: _____

Address: _____
Street/PO Box City State Zip

Routing Number: _____ Account Number: _____

Account Type: ☐ Checking ☐ Savings

Authorization Agreement:

I _____, hereby authorize the Tribal Scholarship Program to deposit my living expense checks into the account listed above. This authorization will remain in effect until I provide written notice to stop deposits, or until I am no longer being funded by the Tribal Scholarship Program.

Student Signature

Date