



SILETZ MANAGEMENT LLC

ATTN: ACCOUNTING
PO BOX 549
SILETZ, OR 97380

AUTHORIZATION FOR DIRECT DEPOSIT

3 Easy Steps!

1. Fill out this form.
2. Attach a voided check to this form to confirm your account and routing numbers.
3. Submit this completed form and a voided check to:

CTSI
Attn: Accounting
PO Box 549
Siletz, OR 97380

Personal Information:

First Name Middle Initial Last Name

Roll Number DOB

Phone Number

E-mail

Account Information:

Financial Institution Name

Routing Number Account Number

Select one: Checking
 Saving
 Other

Using a Pre-paid debit card? Please contact your financial institution and request the Routing Number and Account Number for a direct deposit.

I hereby authorize Siletz Management LLC to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account listed above. The authorization will remain in effect until I have filed a new authorization, or until this authorization is revoked by me in writing.

Signature

Date