

**SILETZ MANAGEMENT INC.
AUTHORIZATION FOR AUTOMATIC DEPOSIT**

**PLEASE SUBMIT PRIOR TO THE 15TH OF THE MONTH
FOR THE DIRECT DEPOSIT TO BE COMPLETED IN TWO PAY MONTHS**

Note: The first month there will be a "Pre-Note" submitted to your Financial Institution following the receipt of this form by Siletz Management Inc. This means the next pay month, the account will be verified that the information is accurate for the Direct Deposit to start the following month. For example, your form must be submitted by October 15, 2007 for a Pre-Note to be submitted November 1, 2007 to your financial institution. You will still receive a check mailed to you on November 1, 2007 and your direct deposit will begin December 1, 2007 provided that the Pre-Note was received successfully by your financial institution.

PLEASE ATTACH VOIDED CHECK (CHECKING) OR DEPOSIT SLIP (SAVINGS)

ELDER NAME (Last, First, M.I.)	SOCIAL SECURITY NUMBER
COMPANY NAME Siletz Management Inc.	ACCOUNT NAMES

I hereby authorize Siletz Management Inc. (the COMPANY) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my Checking or Savings account (select one) indicated below and the depository named below, (the DEPOSITORY), to credit and/or debit the entries to such account.

DEPOSITORY

FINANCIAL INSTITUTION	ACCOUNT NUMBER		
BRANCH	CITY	STATE	ZIP

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

SIGNATURE	DATE
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COMPANY USE ONLY

TRANSIT ROUTING NUMBER	ACCOUNT NUMBER INFORMATION
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ELDER'S CONTACT PHONE NUMBER: (_____) _____

ELDERS TRIBAL ROLL #: _____

**ATTACH HERE:
VOIDED CHECK (TO POST TO YOUR CHECKING ACCOUNT)
– OR –
SAVINGS DEPOSIT SLIP (TO POST TO YOUR SAVINGS ACCOUNT)**