

**YOU ARE NOT REQUIRED TO DO ANYTHING UNLESS YOU HAVE CHANGES TO YOUR DEDUCTIONS OR WOULD LIKE TO SIGN UP FOR, CANCEL OR CHANGE YOUR DIRECT DEPOSIT INFORMATION.**

Have you updated your beneficiary designation? Have you checked your beneficiary designation for your CTGR Member Trust & Adult Savings Plan account recently? If not, you may find that your designated beneficiary is not who or what you think it should be, especially if you have divorced, remarried or had children since your account was established. It is important to keep your beneficiary designations current to ensure that benefits are paid promptly and according to your wishes. If you need to change your beneficiary because of marriage, divorce, adoption of a child or a birth or death in your family, please contact Hollie Mercier at at 503-879-2490 or 1-800-422-0232, ext. 2490, for a copy of the beneficiary change form.



**The Confederated Tribes of the Grand Ronde Community of Oregon**

c/o REDW Benefits, LLC  
 Per Capita Administrator for the Confederated Tribes of the Grand Ronde Community of Oregon  
 PO Box 93656  
 Albuquerque, NM 87199-3656  
 FAX 505-998-3442 or 505-998-3333  
 e-mail [benefits@redw.com](mailto:benefits@redw.com)

**Direct Deposit Authorization Agreement  
 for Quarterly Per Capita Deposits**

**AUTHORIZATIONS:**

I hereby authorize and request The Confederated Tribes of the Grand Ronde (CTGR) to initiate deposit entries and the FINANCIAL INSTITUTION named below to accept the deposit to my account indicated below. Further, I authorize CTGR to initiate withdrawal entries and adjustments for any deposit entries made in error to my account no later than ten (10) business days after the date of the original deposit entry.

This authority is to remain in full force and effect until CTGR and FINANCIAL INSTITUTION receive written notification from me of its termination in such time and in such manner as to afford CTGR and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

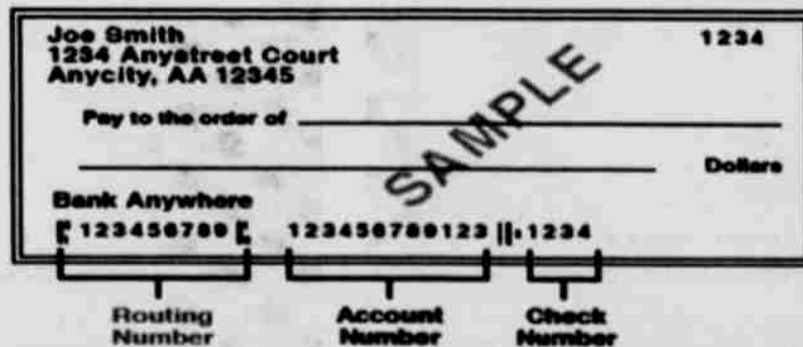
**MEMBER INFORMATION:**

Member Enrollment No.:	Member's Name:		
Member's Financial Institution:	Financial Institution's 9 Digit Transit Routing Number:		
Member's Checking or Savings Account No.:	Circle Type of Account:		
	CHECKING <input type="checkbox"/>		SAVINGS <input type="checkbox"/>

Member's Signature:	Date:
---------------------	-------

**IN CASE OF QUESTIONS, PLEASE PROVIDE THE FOLLOWING PHONE NUMBERS**

Member Phone Number:	
Financial Institution Phone Number:	



***For checking account, attach voided check (not a deposit slip).***  
***If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will insure that you are paid correctly.***