



CONFEDERATED TRIBES
of the
GOSHUTE RESERVATION

HC 61, Box 6104
Ibapah, Utah 84034
435-234-1138 (office)
435-234-1162 (fax)

March 15, 2021

Dear CCDF Childcare Providers,

On behalf of the Confederated Tribes of the Goshute Reservation (CTGR) Finance Department, we are providing you with the option to have your childcare monthly check directly deposited into your company bank account.

As a result of this risk of COVID-19 infection, the CTGR Business Council has closed down the CTGR Tribal Administration building, pursuant to a declaration of a state of emergency pursuant to CTGR Business Council Resolution 20-G-42. As a result, the Business Council has ordered social distancing strategies. To comply with these strategies, you should seriously consider direct deposits into your company bank accounts, pursuant to the attached form.

Please let me know immediately if you elect to have the CTGR Finance Department directly deposit your check directly into your bank account by returning the attached form to our office. If you have any questions or concerns, please contact me at the CTGR Tribal Administrative Offices at (435) 255-5093 or at edna.steele@ctgr.us.

Edna Steele, Finance Director
Confederated Tribes of the Goshute Reservation



CONFEDERATED TRIBES
of the
GOSHUTE RESERVATION
HC 61, Box 6104
Ibapah, Utah 84034
(833) 228-6502 or (435) 234-1138 (office)
(833) 228-6507 (fax)

DIRECT DEPOSIT AGREEMENT FORM

Vendor Name: _____

Address: _____

City, State, Zip: _____

I hereby authorize Confederated Tribes of the Goshute Reservation to initiate automatic deposits to my account at the Financial Institution named below. I also authorize Confederated Tribes of the Goshute Reservation to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Confederated Tribes of the Goshute Reservation responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my Financial Institution or due to an error on the part of my Financial Institution in depositing funds to my account.

This agreement will remain in effect until Confederated Tribes of the Goshute Reservation receives a written notice of cancellation from me or my Financial Institution or until I submit a new direct deposit form to the Finance Department.

ACCOUNT INFORMATION

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

☐ Checking

☐ Savings

Authorized Signature (Primary): _____

Authorized Signature (Joint): _____