



ail to susanp@pgst.nsn.us

Port Gamble S'Klallam Tribe
31912 Little Boston Road NE
Kingston, WA 98346
Phone: 360-297-6256
Fax: 360-297-7097

November 7, 2022

ATTN: All PGST Vendors

SUBJECT: ACH payments to Tribal Vendors

To Whom It May Concern:

We have successfully implemented the Automated Clearing House (ACH or electronic) payment system with our banking facility. As an important supplier to the Tribe, we would like to extend the opportunity to arrange direct deposit with your company. For your convenience we have enclosed an Authorization Agreement.

Upon completion of this form, please email or fax it to the attention of Accounts Payable. Please submit this Agreement at earliest convenience.

In order to assure accuracy, at the bottom of the Agreement, please attach a voided check of the bank account for which you will receive your ACH payment.

If you have any questions, please don't hesitate to contact me.

Sincerely,

Susan Purser
Accounts Payable Supervisor
Port Gamble S'Klallam Tribe
Email susanp@pgst.nsn.us

Please email to susanp@pgst.nsn.us

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Vendor Name _____

I (we) hereby authorize **Port Gamble S'Klallam Tribe**, hereinafter called COMPANY, to initiate credit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Check box to apply to all of my PGST vendor accounts. If left blank, only the most recent and active account will be updated.

Depository Name _____

Branch _____

City _____

State _____

Zip _____

Contact Name _____

E-mail (for Remittance Advice)

Routing Number _____

Account Number _____

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

Name(s) _____
(Please Print)

Title _____

Date _____

Signature _____

NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.



ATTACH VOIDED CHECK HERE