



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)

FROM: Confederated Tribes of the Goshute Reservation
Business Council Chairman Rupert Steele
TO: All Enrolled Tribal Members
DATE: May 14, 2020
RE: CARES ACT DISBURSEMENT

ATTENTION ALL ENROLLED TRIBAL MEMBERS:

On behalf of the Confederated Tribes of the Goshute Reservation (Goshute) Business Council, I officially announce that the Goshutes has been awarded its first share of funding under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid Relief, and Economic Security Act (CARES Act).

On May 14, 2020, the Goshute Business Council approved an economic support program under the allowable allocation of funds guideline from the United States Treasury Department, the provision of economic support in connection with the COVID-19 public health emergency.

The Goshute Business Council decided to disburse a portion of its CARES Act funding as follows - every adult, 18 years of age and older, as of May 17, 2020 will receive \$2,000.

You will have the option for payment through check or direct deposit. Please email your direct deposit form to Edna Steele at the Goshute Tribal Administration Office Finance Department. Please remember that you are responsible for any taxes at the end of the year.

For any questions contact Edna Steele at (435) 255-5093 or at edna.steele@ctgr.us.

Sincerely,

Rupert Steele
CTGR Tribal Chairman



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DIRECT DEPOSIT AGREEMENT FORM

Tribal Member Name: _____

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

SIGNATURE

Authorized Signature (Primary): _____

Authorized Signature (Joint): _____