



the
**Chickasaw
Nation**

Department of Treasury

Post Office Box 818 / Ada, OK 74821-0818 / (580) 436-2603

Bill Anoatubby
Governor

ELECTRONIC BANKING
VENDOR ACCOUNTS AUTHORIZATION FORM

I hereby authorize the Chickasaw Nation, hereafter, called COMPANY, to initiate credit entries and to initiate if necessary debit entries and adjustments for any credit entry in error to the account(s) indicated below and the financial institution named below, hereinafter called DEPOSITORY, to credit and/or debit at the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification and verbal confirmation from me (owner of said account) of any changes or termination in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

The terms and conditions of the deposit agreement for your **Vendor Account Payments(s)** authorization will continue to apply notwithstanding anything to the contrary in this agreement. The undersigned certifies that the information provided on this agreement is true and correct. By signing this form I agree to the terms and conditions set forth.

Check one: New Application Change

Account owner/business name:
TIN / SSN:
Financial institution name:
Email address for remittance confirmation:
Phone number for data confirmation:
Signature: Date:

* Due to the time required for company and bank processing, allow up to two weeks for processing.
You will receive a regular check until the change can be processed.

TAPE YOUR VOIDED CHECK HERE - NO DEPOSIT SLIPS