



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 NATION, 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 NATION has received written notification and verbal confirmation from me (owner of said account) of any changes or termination in such time and in such manner as to afford NATION 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 in 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:	
Signature:	Date:

You will receive a regular check until the information supplied or the change requested is verified and processed.

Tape your voided check here or attach a letter from your banking institution - no deposit slips.

Internal confirmation of change request

For Internal Use Only:

Method of verification: ☐ Known/predetermined number phone call ☐ In person with ID verification

Contact name (match ID): _____ Contact phone no.: (____) _____

Phone call verification: Date: _____ Time: _____

Employee signature: _____ Date: _____

Approval signature: _____ Date: _____