



CREDIT AUTHORIZATION
(To Single Account)

I (We) hereby authorize the Eastern Shawnee Tribe of Oklahoma herein after called "Company," to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called "Financial Institution," 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.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number) Type of Acct: ___Checking ___Savings

This authorization is to remain in full force and effect until the Company has received written notification from me (or any authorized account signer) of its termination in such time and manner as to afford the Company and Financial Institution a reasonable opportunity to act on the request.

(Print Individual Name) (Roll Number) (E-mail Address)

In addition to myself, I (We) authorize the Company to initiate credit entries to this account for the following individuals:

(Print Individual Name) (Roll Number)

I certify by my signature below that the information herein provided is true and accurate and that I am the guardian of minor children or individuals listed.

(Signature) (Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM