



## CREDIT AUTHORIZATION (To Single Account)



I (We) hereby authorize the Wyandotte Nation herein after called "Company," to initiate credit called entries to my (our) account indicated below and the financial institution named below, hereinafter "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)	(Branch)		
(Address)	(City)	(State)	(Zip)
(Routing Number)	(Account Number)	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Spending	

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)	(Email Address)
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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)
(Print Individual Name)	(Roll Number)
(Print Individual Name)	(Roll Number)
(Print Individual Name)	(Roll Number)

*I certify by my signature below that the information herein provided is true and accurate and that IF there are minor children or individuals listed I am the legal guardian of said individuals. This form MUST be signed and dated in order to process ACH transactions.*

(Signature)	(Date)
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**PLEASE ATTACH A COPY OF A VOIDED CHECK OR ANOTHER BANK DOCUMENT THAT DISPLAYS THE ACCOUNT AND ROUTING NUMBERS LISTED ABOVE TO THIS FORM**