



**the
Chickasaw Nation
Department of Health**

1921 Stonecipher Boulevard / Ada, OK 74820 / (580) 421-4544

**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 from me (owner of said account) of its termination in such time and in 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 and by signing 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: _____
Date: _____
Signature: _____

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

Remit to: be CNMCAccountsPayable@chickasaw.net

TAPE YOUR VOIDED CHECK HERE – NO DEPOSIT SLIPS