



## Credit Card Payment Authorization Form

### Applicant Information:

*** Exact Name as it appears on the Credit Card	Primary Contact Number:
Account (L#) Number:	Secondary Contact Number:
Address of Cardholder:	
***Street	City State ***Zip
Purpose of payment:	

### Payment Information:

Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	How often would you like to pay through your credit card on a reoccurring basis? <input type="checkbox"/> Monthly \$ <input type="checkbox"/> One Time Only:\$
***16 Digit Card Number:	*** Expiration Date:

### DISCLAIMER:

I request and authorize The Tulalip Tribes of Washington to charge my credit card in the manner and frequency stated above. I understand that my card will be charged between the 1st and 5th of the each subsequent month if I chose the box marked "Monthly". I further more understand that my information will be secured and kept confidential. This authority is to remain in effect until the expiration dated on my card (Date: \_\_\_\_\_) or until revoked by me by providing a thirty (30) day written notice to The Tulalip Tribes. I agree that if the card payment is dishonored, whether with or without cause and whether intentionally or inadvertently, The Tulalip tribes is not to be liable, including any fees imposed by bank or should my card be rejected even though such dishonor may result in my payment not being made.

Signature of Cardholder

**X**

Today's Date:

**Please send this form and supporting documents to:**

**Contact Information:**

Applicants please submit to:  
 The Tulalip Tribes  
 Leasing Dept.  
 C/O Finance  
 6406 Marine Drive  
 Tulalip, WA 98271

Desiree Michael  
 Asset & Real Estate Manager  
 Office: 360-716-4818  
 dmichael@tulaliptribes-nsn.gov  
 Hours of Operation:  
 Monday-Friday 8:00am - 4:30pm

Melissa Gover  
 Leasing Specialist  
 Office: 360-716-4816  
 mgover@tulaliptribes-nsn.gov

~We thank you and appreciate doing business with you~