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RELEASE OF REVENUE SHARE CHECK TO AUTHORIZED PERSONS

.....
Please complete the following information. Print information, then sign and date below.
.....

I, _____ authorize _____
to pick up my Revenue Share check.

This authorization is good until _____ (date). If no date is entered, this
authorization is good until revoked in writing and the revocation is received and
acknowledged by the Tribal Finance Department.

SIGNATURE (REQUIRED) DATE

This form must be signed in the presence of authorized Finance Staff:

(If NOT signed in the presence of Finance Staff, this form must be notarized)
.....

Finance Staff (print name) Finance Staff (Signature) Date