FIREKEEPERS
CASINO • BATTLE CREEK

Authorization

Confidential Credit Inquiry

Bank Name:_____

Bank Address: _____ Phone:_____

Account Holder Name: _____ _____

Account Holder Address: _____

In order to establish and maintain credit with FireKeepers Development Authority, I authorize the release of the following information by you to the FireKeepers Development Authority and/or National Cred-A-Check (NCC). A facsimile of this shall be acceptable authorization.

This information is required by the FireKeepers Development Authority and will be held in the strictest confidence. A facsimile of this authorization shall be acceptable and considered as valid and effective as the original. The required information is listed below:

_____

Guest Signature (as on checks)

Branch ABA Number:_____

Checking Account Number: _____

Date the Account was opened: _____

Current Balance as of today: _____

Average Balance if available: _____

Account Type: ❑ Personal *or* ❑ Business - Sole Proprietor? ❑ Yes ❑ No

Can sign checks alone: ❑ Yes ❑ No

Satisfactory Account: ❑ Yes ❑ No

Address same as above: ❑ Yes ❑ No

Comments: _____

Bank Representative Name: _____ Title:_____
(Please print) *First* *Last*

Upon completion, please fax the completed form to (269) 789-0303. Thank you.

White - Original Canary - Copy