



**AUTHORIZED AGENT FORM**  
**FOR ONEIDA TRUST ENROLLMENT DEPARTMENT PURPOSES ONLY**

I, \_\_\_\_\_, of \_\_\_\_\_ County, State of \_\_\_\_\_, appoint  
\_\_\_\_\_, of \_\_\_\_\_ County, State of \_\_\_\_\_, as my agent.

My agent may perform for me and in my name and on my behalf any act required by the Oneida Trust Enrollment Department with respect to the following subjects. **EXCEPT AS OTHERWISE HEREIN LIMITED, MY AGENT MAY EXERCISE FOR ME AND IN MY NAME AND ON MY BEHALF ONLY THE POWERS ENUMERATED BELOW TO WHICH I HAVE AFFIXED MY INITIALS.**

My agent is authorized to

\_\_\_\_\_  
(Initials) **1. UPDATE ADDRESS INFORMATION**

My agent is authorized to

\_\_\_\_\_  
(Initials) **2. SUBMIT PAYMENT FORMS**

My agent is authorized to

\_\_\_\_\_  
(Initials) **3. RECEIVE PAYMENTS (Not intended for Check Cashing)**

My agent is authorized to

\_\_\_\_\_  
(Initials) **4. REQUEST/RECEIVE ENROLLMENT VERIFICATIONS**

My agent is authorized to

\_\_\_\_\_  
(Initials) **5. REQUEST/RECEIVE ENROLLMENT CERTIFICATIONS**

My agent is authorized to

\_\_\_\_\_  
(Initials) **6. UPDATE/RECEIVE MY MINOR CHILDREN'S INFORMATION**

**7. LIMITATIONS**

This agent authorization is intended **ONLY FOR THE LIMITED PURPOSES OF TRANSACTIONS CONDUCTED WITH THE ONEIDA TRUST ENROLLMENT DEPARTMENT.** It is not intended to be a durable power of attorney pursuant to Chapter 244 of Wisconsin Statutes.

**8. EFFECTIVE DATE**

This agent authorization becomes effective when signed by the principal/member and is valid for a period of four (4) years from date of signature.

**9. SEVERABILITY**

The invalidity of a provision of this agent authorization shall not affect another provision.

**10. TERMINATION**

This agent authorization shall terminate if I revoke it in writing, my agent dies or becomes incapacitated, if I am determined to be incapacitated, or at my death.

**11. ONEIDA LAW**

This instrument shall be governed by the laws of the Oneida Nation.

	Principal	Agent
Name:	_____	_____
Address:	_____	_____
	_____	_____
Phone Number:	_____	_____
Roll # or Birth Date:	_____	_____
_____ Principal Signature		_____ Date

**CERTIFICATE OF NOTARY PUBLIC**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me  
 this \_\_\_\_\_ day  
 of \_\_\_\_\_,  
 by \_\_\_\_\_  
 Notary  
 Signature: \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_

(SEAL/STAMP)