Muscogee Nation Tax Commission Check Certification.

First Name	Middle Name	Last Name
T HOV T WILL	TVIII TVIIII	Zust i (unite
Date of Birth	Tribe (if None NA)	Phone Number
	Address	
City	State	Zip Code
owledgment of Liability	and Jurisdiction Agreement	
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- 1. **Issuance of Insufficient Funds Check**: I understand that issuing a check without sufficient funds to cover the payment is a criminal offense under both state and federal law. I acknowledge my legal responsibility in ensuring that the funds are available.
- 2. **Joint and Several Liability**: By issuing this check, I accept joint and several liability for the full amount due on this account. This means I am individually responsible for the entire debt, regardless of any other parties who may also be liable.
- 3. **Consent to Jurisdiction**: In consideration of the Muscogee (Creek) Nation Tax Commission accepting this check, I expressly consent to:
 - The full jurisdiction of the Muscogee (Creek) Nation, including its laws and regulations.
 - o The jurisdiction of the Muscogee (Creek) Nation Tax Commission over the regulation, enforcement, and collection of taxes due on this account.
 - The judicial jurisdiction of the Muscogee (Creek) Nation trial courts for the adjudication of disputes arising from this agreement, including the collection of debts and enforcement of related obligations.

This consent includes the authority of these bodies to pursue any necessary legal actions to recover amounts owed, including from non-tribal members.

- 4. **Waiver of Jury Trial**: I voluntarily waive my right to a jury trial in any legal proceedings related to the enforcement of this agreement or the collection of debts owed under this account. I agree to resolve such disputes exclusively in the trial courts of the Muscogee (Creek) Nation.
- 5. **Binding Effect and Irrevocability**: This agreement is binding upon me, my heirs, executors, and assigns, and it is irrevocable. I acknowledge am aware of the contents and understand its terms and implications fully.

Signature:	
Date:	
Notary	
Subscribed to and Sworn to me thisd	ay of,
Notary Signature:	
Date Commission Expires	