DIRECT DEPOSIT FORM

STURGEON LAKE FIRST NATION
AGRICULTURAL BENEFITS SETTLEMENT

PERSONAL INFORMATION

Full Name of Member: _____

Membership Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Phone Number: _____ Email: _____

Address: _____
Street City Province Postal Code

BANKING INFORMATION

ATTACH DIRECT DEPOSIT FORM FROM MY BANK OR VOID CHEQUE.

ACKNOWLEDGEMENT

I, _____, confirm that the information provided in this form is accurate and true. By signing below, I declare that I am the member identified above and that the bank account provided above is mine. I acknowledge that I am fully responsible for the accuracy of the information I have provided and responsible for the funds deposited into the account provided.

_____ _____
Printed Member Name Member Signature

_____ _____
Printed Witness Name Witness Signature

_____
Date