

**PCD PAYMENT – AGRICULTURAL BENEFITS SETTLEMENT  
APPLICATION  
LAC LA RONGE INDIAN BAND**

**PERSONAL INFORMATION**

Full Name of Member: \_\_\_\_\_

First Name                      Initial                      Last Name

Treaty Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Street                                      City                                      Province                      Postal Code

**BANKING INFORMATION**

Name of Bank: \_\_\_\_\_

Bank Number: \_\_\_\_\_ Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**ADVANCED PAYMENT**

If you would like to receive \$10,000 of your PCD payment as an advanced payment initial here \_\_\_\_\_ and submit this Application by December 6<sup>th</sup>.

**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 Name of Member

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date