

**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 6th.

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