PCD PAYMENT – AGRICULTURAL BENEFITS SETTLEMENT APPLICATION

LAC LA RONGE INDIAN BAND

PERSONAL INFORMATION

Full Name of Member: _____

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

Phone Number: _____ Email: _____

Address: _____

Street City Province Postal Code

BANKING INFORMATION

Name of Bank: _____

Bank Number: _____ Transit Number: _____ Account Number: _____

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