



**Qalipu First Nation
Non Insured Health Benefits Direct Deposit Form**

Step 1: Complete Section 1

Step 2: Complete Section 2A OR 2B

Step 3: Complete Section 3

SECTION 1: CLIENT INFORMATION (MUST BE COMPLETED)

Name: _____ Registration #: _____

Address: _____ City: _____

Postal Code: _____ Email Address: _____

If you would like a minor to receive payments with your banking information, please complete:

Name: _____ Reg #: _____

Name: _____ Reg #: _____

Name: _____ Reg #: _____

SECTION 2A: BANKING INFORMATION – If you are providing a VOID, personalized cheque:

> If providing a VOID, personalized cheque, please sign and date the following:

I certify that this information is valid, accurate and complete at the date of signing.

Signature of Payee/Authorized Officer: _____

Date: _____ Relation to Client (if applicable): _____

Section 2B: BANKING INFORMATION – If a Bank/Financial institution is completing:

> If your Bank/Financial institution is completing this form, please have the Teller complete the following:

Bank Name/Branch: _____

Address: _____ City: _____ Postal Code: _____

Bank Code: _____ Transit #: _____ Account #: _____

Teller/Bank Stamp:

I certify that this information is valid, accurate and complete at the date of signing.

Teller Signature:

Date:

SECTION 3: SIGNATURE

DISCLOSURE: I hereby authorize and direct that all payments due to the above member from Qalipu First Nation will be directly deposited to the above named bank account. I agree to notify the Department of Finance, in writing of any changes and allow the Department a minimum of 10 business days, after receipt of notice, to implement a change. I acknowledge and agree that it is my responsibility to provide correct information.

Signature: _____ Date: _____