



Qalipu First Nation Non Insured Health Benefits Direct Deposit Form

Instructions: Fill out Sections 1, 2, and 3. Then attach a void cheque or account deposit information from the bank.

SECTION 1: CLIENT INFORMATION	<p>Name: _____ Registration #: _____</p> <p>Address: _____ City: _____</p> <p>Postal Code: _____ Email Address: _____</p> <p>If you would like a minor to receive payments with your banking information, please complete:</p> <p>Name: _____ Reg #: _____</p> <p>Name: _____ Reg #: _____</p> <p>Name: _____ Reg #: _____</p>
SECTION 2: BANKING INFORMATION	<p>> Please attach a VOID, personalized cheque then sign and date the following:</p> <p><i>I certify that this information is valid, accurate and complete at the date of signing.</i></p> <p>Signature of Payee/Authorized Officer: _____</p> <p>Date: _____</p> <p>Relation to Client (if applicable): _____</p>
SECTION 3: SIGNATURE	<p>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.</p> <p>Signature: _____ Date: _____</p>