Qalipu
FIRST NATION

QALIPU MI'KMAQ FIRST NATION NIHB CLIENT REQUEST FOR DIRECT DEPOSIT PAYMENT	
MEMBER (PAYEE) INFORMATION (Please print) – "New Request" □, or "Change" □	
NAME	
ADDRESS	
CITY	Postal Code:
BAND #	
EMAIL	

BANKING INFORMATION (Please print) - – "New Request" □, or "Change" □	
NAME/BRANCH	
FULL ADDRESS	
	Postal Code:

BANK CODE					TRANSIT CODE						
ACCOUNT #											
Provide a VOID, PERSONALIZED CHEQUE, or have the bank/financial institution complete the applicable section, lower-right of this form.											

As a vendor, I hereby authorize and direct that all payments due to the above vendor from the Qalipu Mi'kmaq First Nation Band will be directly deposited to the above named bank account. I agree to notify the Department of Finance, in writing (at the fax number, or address, indicated below), of any changes and allow the Department a minimum of 10 business days, after receipt of notice, to implement a change. I agree that this direct deposit service is voluntary and optional service and further agree that I am responsible for and shall indemnify the Qalipu Mi'kmaq First Nation Band for any liability or damage howsoever caused that relate directly or indirectly to this service. I acknowledge and agree that it is my responsibility to provide correct information. The Qalipu Mi'kmaq First Nation Band has the right to convert payment by direct deposit back to payment by cheque, without notice.

NOTE:

1. Complete the form, **IN FULL**, including
- Signature (of the "payee", or an authorized officer of the business)
- Phone number

2. Provide/attach one (1) of the following:
- A VOID, personalized cheque, for Canadian accounts, only. Or
- A letter from your financial institution verifying the bank account ownership

MEMBER CERTIFICATION:

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

Print Name of Member/Authorized Officer

_____

Signature of Member/Authorized Officer

_____

Title: _____
Phone Number: _____
Date: _____

Teller/Bank Stamp, below:

BANK/FINANCIAL INSTITUTION CERTIFICATION:

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

Print Name of Payee/Authorized Officer

_____

Signature of Vendor/Authorized Officer

_____

Title: _____
Phone Number: _____
Date: _____