



# Qalipu First Nation Direct Deposit Form

**Step 1: Complete Section 1**

**Step 2: Complete Section 2A OR 2B**

**Step 3: Complete Section 3**

SECTION 1: VENDOR INFORMATION (MUST BE COMPLETED)		
Business Name: _____ Address: _____ City: _____ Postal Code: _____ Email Address: _____		
SECTION 2A: BANKING INFORMATION – If you are providing a VOID cheque:		
<p>&gt; If providing a VOID cheque, please sign and date the following:  <i>I certify that this information is valid, accurate and complete at the date of signing.</i></p> Signature of Payee/Authorized Officer: _____ Date: _____		
Section 2B: BANKING INFORMATION – If a Bank/Financial institution is completing:		
<p>&gt; If your Bank/Financial institution is completing this form, please have the Teller complete the following:</p> Bank Name/Branch: _____ Address: _____ City: _____ Postal Code: _____ Bank Code: _____ Transit #: _____ Account #: _____		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px; vertical-align: top;"> <b>Teller/Bank Stamp:</b>           </td> <td style="padding: 5px;"> <p><i>I certify that this information is valid, accurate and complete at the date of signing.</i></p>           Teller Signature:            _____            Date:            _____         </td> </tr> </table>	<b>Teller/Bank Stamp:</b>          	<p><i>I certify that this information is valid, accurate and complete at the date of signing.</i></p> Teller Signature: _____ Date: _____
<b>Teller/Bank Stamp:</b>          	<p><i>I certify that this information is valid, accurate and complete at the date of signing.</i></p> Teller Signature: _____ Date: _____	
SECTION 3: SIGNATURE		
<p><b>DISCLOSURE:</b> I hereby authorize and direct that all payments due to the above vendor 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> Signature: _____ Date: _____		