



APPLICATION AND DIRECT DEPOSIT FORM
ATHABASCA CHIPEWYAN FIRST NATION
TREATY 8 ANNUITIES SETTLEMENT



PERSONAL INFORMATION

Full Name of Member: _____

Membership Number: _____

Phone Number: _____ Email: _____

Address: _____
Street City Province Postal Code

BANKING INFORMATION – PLEASE ATTACH A VOID CHEQUE

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