



Sagamok Anishnawbek

P.O. Box 2230
Sagamok, Ontario, Canada
P0P 2L0

Telephone (705) 865-2421 ext. 256
Fax (705) 865-3307

Thursday May 16, 2024

Attention: Sagamok Anishnawbek Annuitants

RE: Band Registry Update and Banking Information

In preparation for the Robinson Huron Treaty Past Compensation Settlement distribution Sagamok is asking all Registered Members to update their contact information on the Band Registry and to provide banking information.

You will find enclosed:

- Band Registry Update form**
- Pre-Authorized Deposit Agreement**

Please complete all forms and make sure to sign and date the form prior to sending. Please mail all completed forms to the above address attention Renee Owl, Membership. If you have already completed the forms and submitted to Membership you are not required to resubmit.

Should you have any questions regarding the information provided, please contact myself at 705 865 2421 Ext. 256 and/or email at owl_renee@sagamok.ca.

Sincerely,

Renee S. Owl

Renee Owl, BA
Membership, Indian Registration and Estates Coordinator
Commissioner for Taking Affidavits
Certified Integrity Document Officer

BAND REGISTRY UPDATE

Date: _____

Privacy Statement

The collection, use and disclosure of personal information by the Membership staff is authorized under the Membership Law and Indian Act, and is in accordance with the requirements of the Privacy Act. Information collected will be used exclusively for the purpose of updating the band registry contact information in preparation for future voting in Sagamok Elections and for the Robinson Huron Treaty Litigation Fund. Individuals have the right to the protection of, access to and request the correction of their personal information under the Privacy Act.

1. Mailing Address and Contact Information

Family Name	Given Name	Mailing Address	City/Town	Province (Canada)
Postal/Zip Code	Telephone	Cell number	State (USA)	

2. Registered / Band Member Information and Dependents

Registration No.	Family Name	Given Name(s)	Date of Birth (YYYY-MM-DD)	Contact Number	Email Address



PART 1 – IDENTIFICATION

Contact Person: _____ Contact Email: _____

PART 2 – BANK INFORMATION Please attach a void cheque or fill out Part 2

Name of account holder(s)

1. Cheque number. 3 digits. Not required.
2. Branch number. 5 digits.
3. Institution number. 3 digits.
4. Account number. As shown on your cheque.

Branch Address:

☐ Fixed☒ Variable

PART 3 – AUTHORIZATION

I/We may cancel this Agreement at any time, subject to providing notice to Sagamok Anishnawbek at the address provided below. This notification must be received at least 30 business days before the next credit is scheduled.

The amount will be credited to the account indicated above bi-monthly. I/We agree to notify Sagamok Anishnawbek in writing or by phone, if there is any change to the banking information set out above.

Date _____

Finance – Adrienne Eshkakogan
P.O. Box 2230
Sagamok, ON, P0P2L0

This information is required by Sagamok Anishnawbek for the purpose of collecting data to permit electronic payments. Banking information will be protected under the provision of the Privacy Act.