



***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](mailto: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



## **SAGAMOK** ANISHNAWBEK

## PRE-AUTHORIZED DEPOSIT AGREEMENT

## PART 1 – IDENTIFICATION

Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Mailing Address:

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Email: \_\_\_\_\_

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

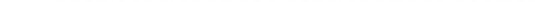
Name of Financial Institution:

Branch number      Institution number      Account number

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Name of account holder(s)

Financial institution's stamp here

**Example:**  1 2 3 4

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:** \_\_\_\_\_

## PAYMENT INFORMATION

Fixed

Variable

### **PART 3 – AUTHORIZATION**

I/We, as the Account Holder(s), authorize Sagamok Anishnawbek and the financial institution named above or as indicated on the attached Voided Cheque, to deposit variable monthly payments to my/our account, at the branch indicated, for the purpose of payment.

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.

Authorized Signature(s)

Date

Mail complete form to: Sagamok Anishnawbek

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.*