



PART 1 – IDENTIFICATION

Contact Person: _____ Contact Email: _____

Name of Financial Institution: _____

Name of account holder(s)

Financial institution's stamp here

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:

☒ 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.