



**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

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.