



## **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

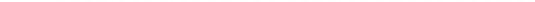
Name of Financial Institution:

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.*