



## Tzeachten First Nation

### Direct Deposit Authorization

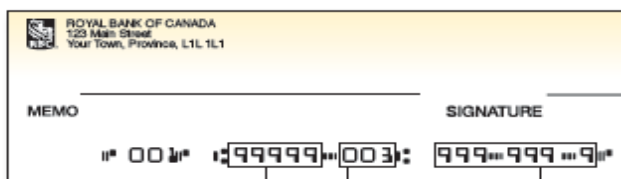


Full Name:	
Address:	
Address:	
Telephone:	
Email Address:	

#### Direct Deposit Authorization Transit Information:

**Look at the bottom of your personal cheque to find this information**

I've provided my banking information      OR       I've attached a void cheque



Transit #	Institution #	Account #
_ _ _ _	_ _	_ _ _ _ _ _

**Complete the account information below or attach a VOID Cheque from your bank**

<b>Transit</b>		<b>Institution:</b>		<b>Account:</b>	
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**Please accept this document as my authorization to set up a new Direct Deposit for EFT Payments:**

_____ Applicant's Signature	_____ Date
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**Mail or Email Notice:**      Mail Notice            Email Notice     

Date modified: March 6, 2018

**Please submit completed forms to:**

ap@tzeachten.ca

or

Attn: Tzeachten Finance Department

45855 Promontory Road

Chilliwack, B.C. V2R 0H3