



\$ 200.00 Per Band Member

**Thunderchild First  
Nation**  
Box 600  
**Turtleford, SK.**  
**SOM 2YO**  
Ph: 306-845-4300  
Fax: 306-845-3230

Website: [www.thunderchild.ca](http://www.thunderchild.ca)  
Email:  
[phyllis.paddy@thunderchild.ca](mailto:phyllis.paddy@thunderchild.ca)  
[claudine.paddy@thunderchild.ca](mailto:claudine.paddy@thunderchild.ca)

**Band Membership Assistance Distribution  
PAYMENT TO AN INDIVIDUAL**

I, \_\_\_\_\_ (Print Name) being a Citizen of the  
Thunderchild First Nation Indian Registry # 349 \_\_\_\_\_ acknowledge receipt  
of the sum of \$ \_\_\_\_\_ which represents payment to as a Citizen of the Thunderchild First  
Nation.

I, represent that I am a Citizen of the Thunderchild First Nation and that I am entitled as a Citizen  
of Thunderchild First Nation to receive these funds.

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

Signed at: \_\_\_\_\_ this \_\_\_\_\_ day of December, 2020.

<p><b>Banking Information for Direct Deposit:</b></p> <p>Name of Bank: _____</p> <p>Name on Account: _____</p> <p>Institution Number: _____ (3 or 4 digit number)</p> <p>Transit Number: _____ (5 digit number)</p> <p>Account Number: _____</p> <p>-OR_ You can request a Routing letter/direct deposit information letter from your banking institution for accurate information.</p>	<p><b>- OR- if requesting by Mail:</b></p> <p>Name: _____</p> <p>Street/Box: _____</p> <p>_____</p> <p>City: _____</p> <p>Province: _____</p> <p>Postal Code: _____</p>
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**Payments will be issued Fridays, starting early December**

Please MAIL, EMAIL, FAX or HAND DELIVER to the above ADDRESS.

Check one for identification provided:

Health Card: \_\_\_\_\_

Status Card: \_\_\_\_\_

Driver's License: \_\_\_\_\_

If applying by mail, email or fax it is MANDATORY that you provide a photocopy of your  
identification.

**PLEASE NOTE: DEADLINE FOR PCD PAYMENT IS MARCH 31, 2021**