



\$ 300.00 Per Band Member

Thunderchild First Nation
Box 600
Turtleford, SK.
S0M 2Y0
Ph: 306-845-4300
Fax: 306-845-3230

Website: www.thunderchild.ca
Email: pcd@thunderchild.ca
Fax: 306-845-3230
Mail: Box 600
Turtleford, SK S0M 2Y0

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 **\$300.00** 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 _____, 2022.

If banking info provided payment will be direct deposited. If not cheque will be mailed.

<p>Banking Information for Direct Deposit:</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>Alternatively attach a direct deposit information letter from your banking institution for accurate information.</p>	<p>- OR- if requesting by Mail:</p> <p>Name: _____</p> <p>Street/Box: _____</p> <p>City: _____</p> <p>Province: _____</p> <p>Postal Code: _____</p> <p>Phone Number: () _____</p>
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Payments will be issued Fridays until September 30th, 2022.

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

It is **MANDATORY** that you provide a copy of your identification.

PLEASE NOTE: DEADLINE TO APPLY FOR PCD PAYMENT IS SEPTEMBER 30, 2022.