



Pasqua FIRST NATION

PASQUA FIRST NATION AGRICULTURAL BENEFITS CLAIM

PART 1. PERSONAL INFORMATION: (Print Clearly)

Full Name			
Status Number		Date of Birth	
Mailing Address			
City/Town		Postal Code	
Province & Country			
Email Address		Home Phone/ Cell Phone	

PART 2. AGRICULTURAL BENEFITS COMPENSATION PAYMENT

I, _____, hereby authorize Pasqua First Nation to
 (Print Full Name)
 send any payments, I may be entitled to, as directed below.

Select Method Of Payment: (Check One Only)

Electronic Funds Transfer (EFT) _____ **Paper Cheque** _____

Banking Information Has Been Submitted To Finance: Yes: _____ No: _____

Direct Deposit Form Will Be Completed And Sent: Yes: _____ No: _____
 (Email direct deposit form or void cheque to pasquafirstnation79@gmail.com)

Full Name on Bank Account: _____
 (Print Clearly)