

PERSONAL BANKING REQUEST FORM

NAME: _____

REGISTRY#: _____

ADDRESS: _____

PHONE#: _____

I, _____, HEREBY GIVE THE
SIKSIKA NATION MEMBERSHIP DEPARTMENT PERMISSION TO DEPOSIT
THE DECEMBER 3 & 4, 2024 DISTRIBUTION CHEQUE INTO MY ACCOUNT.

ACCOUNT INFORMATION:

(IT IS YOUR RESPONSIBILITY TO PROVIDE THE SIKSIKA MEMBERSHIP
DEPARTMENT WITH A COPY OF DIRECT DEPOSIT FORM FROM YOUR
BANK OR A VOID CHEQUE.)

SIGNATURE:

DATE: