



SIKSIKA NATION TRIBAL ADMINISTRATION

PERSONAL BANKING REQUEST FORM

NAME: _____

REGISTRY#: _____

ADDRESS: _____

PHONE#: _____

I, _____, HEREBY GIVE THE SIKSIKA NATION MEMBERSHIP DEPARTMENT PERMISSION TO DEPOSIT THE JULY 2 & 3, 2025 DISTRIBUTION CHEQUE INTO MY ACCOUNT.

ACCOUNT INFORMATION:

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

SIGNATURE

DATE