



\$ 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 PARENT and/or GUARDIAN OF MINORS**

I, \_\_\_\_\_ (Print Name) being a Citizen of the Thunderchild First Nation Indian Registry # 349 \_\_\_\_\_ acknowledge receipt of the sum of \$ \_\_\_\_\_ which represents payment to me for the following children, each of whom is 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.

I, represent that I am the parent and/or legal guardian of the below named children and that the funds received in respect to each child will be used for his or her benefit or that the funds will be deposited in a trust account maintained for that child.

CHILD'S NAME:	D.O.B: (MM/DD/YY):	Indian Registry Number:
_____	_____	349 _____
_____	_____	349 _____
_____	_____	349 _____
_____	_____	349 _____
_____	_____	349 _____
_____	_____	349 _____

**CRA – Child Tax Assessment Form is mandatory for proof of guardianship.**

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><b>-OR_ You can request a Routing letter/direct deposit information letter from your banking institution for accurate information.</b></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 every Friday 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**