



\$ 300.00 Per Band Member

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

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

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 _____ 2022.

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

<p align="center">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 align="center">- OR- if requesting by Mail:</p> <p>Name: _____</p> <p>Street/Box: _____</p> <p>_____</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.