



\$ 100.00 Per Band Member

Thunderchild First Nation  
Box 600  
Turtleford, SK.  
SOM 2Y0  
Ph: 306-845-4300  
Fax: 306-845-3230

Website: [www.thunderchild.ca](http://www.thunderchild.ca)  
Email: [pcd@thunderchild.ca](mailto:pcd@thunderchild.ca)  
Fax: 306-845-3230  
Mail: Box 600  
Turtleford, SK SOM 2Y0

## Band Membership Assistance Distribution PAYMENT TO AN INDIVIDUAL

I, \_\_\_\_\_ (Print Name) being a Citizen of the Thunderchild First Nation Indian Registry # 349 \_\_\_\_\_ acknowledge receipt of the sum of **\$100.00** which represents payment to as 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.

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

Signed at: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

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

<p><b>Banking Information for Direct Deposit:</b>  <b>Name of Bank:</b> _____  <b>Name on Account:</b> _____  <b>Institution Number:</b> _____ (3 or 4 digit number)  <b>Transit Number:</b> _____ (5 digit number)  <b>Account Number:</b> _____  Alternatively attach a direct deposit information letter from your banking institution for accurate information.</p>	<p><b>- OR- if requesting by Mail:</b>  <b>Name:</b> _____  <b>Street/Box:</b> _____  _____  <b>City:</b> _____  <b>Province:</b> _____  <b>Postal Code:</b> _____  <b>Phone Number:</b> (     ) _____</p>
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**Payments will be issued Fridays until October 31<sup>st</sup>, 2023.**

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  
OCTOBER 31, 2023.**