



\$ 100.00 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: [pcd@thunderchild.ca](mailto: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 \_\_\_\_\_ 2023.

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

**Banking Information for Direct Deposit:**

**- OR- if requesting by Mail:**

Name of Bank: \_\_\_\_\_  
Name on Account: \_\_\_\_\_  
Institution Number: \_\_\_\_\_ (3 or 4 digit number)  
Transit Number: \_\_\_\_\_ (5 digit number)  
Account Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Street/Box: \_\_\_\_\_  
City: \_\_\_\_\_  
Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone Number: ( ) \_\_\_\_\_

Alternatively attach a direct deposit information letter from your banking institution for accurate information.

**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.**