



\$ 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

**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 \$ _____ 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 December, 2021.

<p>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>-OR_ You can request a Routing letter/direct deposit information letter from your banking institution for accurate information.</p>	<p>- OR- if requesting by Mail:</p> <p>Name: _____</p> <p>Street/Box: _____</p> <p>City: _____</p> <p>Province: _____</p> <p>Postal Code: _____</p> <p>Phone Number: () _____</p>
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Payments will be issued Fridays, starting early January

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 TO APPLY FOR PCD PAYMENT IS MARCH 31, 2022 & THERE WILL BE NO GIFT CARDS ISSUED OR TURKEYS GIVEN OUT THIS YEAR IN LIEU OF THE PCD PAYMENT.