Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____

Address: _____

_____

Email Address: _____



Name of Bank: _____

Account #: _____

Type of Account: ◉ Checking ○ Savings **(Circle One)**

Please attach a voided check for each bank account to which funds should be deposited.

[*Huu- ay- aht First Nations]* is hereby authorized to directly deposit my funds to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

<u>This form is to be completed by you with your personal banking information only.</u> We cannot deposit other people's distribution into your bank account unless a Power of Attorney document is provided to us.

☐ By checking this box, I agree that all the information provided on this form is accurate and is my personal banking information.

Signature: _____

Date: _____