



Direct Deposit Authorization

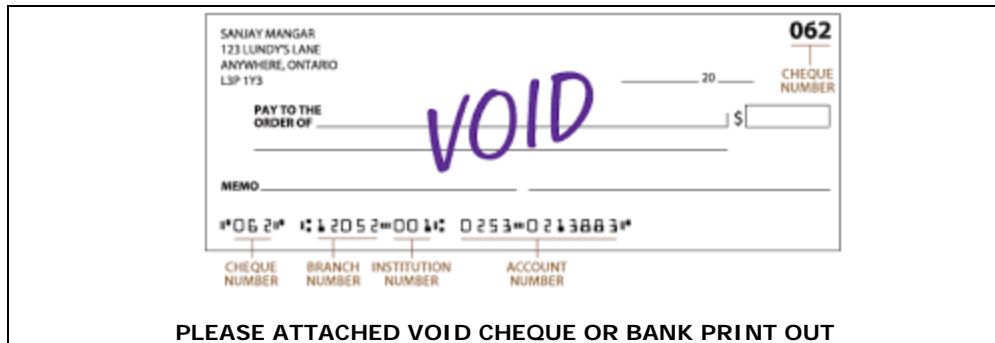
PLEASE RETURN TO ACCOUNTS PAYABLE

- Please complete this form and return it to Squamish Finance Office.
- Be sure to include a voided (Cancelled) cheque from your account or a direct deposit advice from your financial institution. The details from the cheque or bank advice slip will be used to verify the account details.

Payee or Company Name:	PHONE NUMBER
Address:	City/Province :
Email Address for payment notification:	

Legal Names your child/children you are requesting to set up Direct Deposit for School Travel/Allowance monthly payments

- | | |
|----------|-------------|
| 1) _____ | band# _____ |
| 2) _____ | band# _____ |
| 3) _____ | band# _____ |
| 4) _____ | band# _____ |



I (we) authorize Squamish Nation and the above Financial Institution to deposit payments automatically into my account in settlement of invoices outstanding. This authorization may be cancelled at any time upon written notice. Any changes in the account information will need to be communicated immediately to avoid potential delays in processing payments.

(Signature)

(Date)

