



## PASQUA FIRST NATION AGRICULTURAL BENEFITS PCD PAYMENT FORM

### Part 1: Personal Information

<b>FULL NAME</b>			
<b>STATUS NUMBER</b>		<b>DATE OF BIRTH</b>	
<b>MAILING ADDRESS</b>			
<b>CITY</b>		<b>POSTAL CODE</b>	
<b>PROVINCE &amp; COUNTRY</b>			
<b>EMAIL</b>		<b>PHONE/ CELL NUMBER</b>	

### Part 2: Benefits Compensation Payment

Select Method of Payment:      Electronic Funds Transfer: \_\_\_\_      Paper Cheque: \_\_\_\_

Has your banking information      Yes: \_\_\_\_      No: \_\_\_\_  
Changed from your last payment.

Has your banking information      Yes: \_\_\_\_      No: \_\_\_\_  
Been submitted to finance (if  
You selected NO – please email  
Direct deposit form or a void cheque  
To [memberinfo@pasquafn.ca](mailto:memberinfo@pasquafn.ca))

Full Name on Bank Account: \_\_\_\_\_  
(Please Print Clearly)

I, hereby authorize Pasqua First Nation to send any payments I may be entitled to as directed above.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Please deliver or fax to TREENA CYR at (306) 332-5199 (PFN Band Office  
or email to [memberinfo@pasquafn.ca](mailto:memberinfo@pasquafn.ca))