PASQUA FIRST NATION
CITIZENS BENEFITS TRUST – COLA 2026 PAYMENT FORM

Part 1: Personal Information

FULL NAME			
STATUS NUMBER		**DATE OF BIRTH**	
MAILING ADDRESS			
CITY		**POSTAL CODE**	
PROVINCE & COUNTRY			
EMAIL		**PHONE/ CELL NUMBER**	

Part 2: Benefits Compensation Payment

Select Method of Payment: Electronic Funds Transfer: ___ Paper Cheque: ___

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

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

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 Tony Cappo at (306) 332-5199 (PFN Band Office or email to memberinfo@pasquafn.ca