



All information is required for you to receive your funding.

A. Student Information:

Name: _____
First Name Middle Name Last Name

Date of Birth: _____
(day /month/ year/)

SIN: _____

B. Student Contact Information:

Mailing Address: _____

Community: _____

Territory/ Province: _____

Postal Code: _____

Telephone: _____

Fax: _____

Email Address: _____

C. Select Method of Payment Notification (select one option below):

Mail to above mailing address

Email to the above address

D. Select Payment Method (select one option below):

Mail to my mailing address above

Direct Deposit

E. Bank Account Information (leave blank to receive payment(s) by mail):

Bank Name: _____

Bank Location: _____

Institution Number:
(3 digits)

Transit Number:
(5 digits)

Account #: _____

Select account type below:

Chequing Account

Saving Account

Other:

F. Terms and Conditions

- This authorization is not an assignment of any right to receive payment and revokes all prior payment direction notifications applicable to these payments.
- This authorization may be cancelled or changed at any time with the submission of another authorization form.
- Any direct deposit arrangement may be terminated at any time by the Tłıchq Government or the named financial institution.
- The information contained in this application form will be compiled and included in the Tłıchq Government Financial Information System database.
- The information in the database will only be accessed by employees of the Tłıchq Government, or agencies of the Tłıchq Government, who require the information to provide payments or correspondence. No personal information, other than the information now provided, will be included in the Financial Information System database.
- The information collected by the Tłıchq Government and included in the Financial Information System database can be accessed and verified, and if necessary corrected, by the person the information concerns. Arrangements for review can be made by contacting Tłıchq Government Accounting at the following address:

G. Application Declaration and Consent (must be signed).

I, as the person entitled to receive the payment(s), authorize the Tłıchq Government to, mail to my permanent address or deposit into my account, the payment(s) entitled to me, until further notice. This information will also be used to record and issue any other financial transactions or documents through the Financial Information System such as billings, payment statements, past-due notices and taxable benefit reports. I understand and agree to the Terms and Conditions listed above on page 2 of this form.

Name:

_____ Applicant's Name - Print Name

_____ Applicant's Signature

_____ Date

Please send your ONE Application to one@tlicho.com, fax: 867.392.6884 or visit me at the Charlie Charlo Building in Behchokò, NT.