

## 2020 Harvest Subsidy Payout Request Form

Submit completed form to [harvest@tl̥icho.com](mailto:harvest@tl̥icho.com)

### Section 1 - Identification of Contact

I,  born on   
Full name (day /month/ year/)

with Treaty Status # or SIN #  request the release of Harvest Subsidy Payout cheque.

### Section 2 - Contact Information:

**My Mailing Address:**   
Street PO Box Community Province Postal Code

**Email Address:**  **Cell Phone #:**  **Home Phone #:**

### Section 3 - Children (under 17 years old) or Legally Incompetent Person:

I am authorized to accept Harvest Subsidy Payout as a parent, or legal guardian of child(ren) under 17 years old or legally incompetent person(s) listed below:

Full Name:	Date of Birth:	Treaty Status # or SIN #
1		
2		
3		
4		
5		

If you need add more names please use page 2. If this does not apply to you please proceed to Section 3 below.

### Section 4 – Method of Payment:

<input type="checkbox"/> Direct Deposit → Go to page 3 and complete Director Deposit Form.	<input type="checkbox"/> Mail to address below:
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### Section 5 - Signature:

I certify that the information provided is, to the best of my knowledge, true, correct and complete. I acknowledge that this information and my contact information will be updated the Enrolment Database.

Name: \_\_\_\_\_  
Print Name Signature Date

**All information is require on this form. Request must be completed in full to avoid any delays in processing. Enrolment Coordinator may request additional information to process request.**

Corporate Services Office use only:  
 Cheque #: \_\_\_\_\_ Dated issued: \_\_\_\_\_ Initial: \_\_\_\_\_

### Section 3 – Continuation for Children (under 17 years old) or Legally Incompetent Person:

I am authorized to accept Harvest Subsidy Payout as a parent, or legal guardian of child(ren) under 17 years old or legally incompetent person(s) listed below:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Treaty Status # or SIN # \_\_\_\_\_

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Please note the *Tłichq Government Administrative Policy and Procedure* section 5.16 states the following:

1. Definitions  
“Harvesting subsidy payout” means the payments approved by CEC from IBA monies for Tłichq citizens to subsidize harvesting
2. Authority and Application  
This policy is made under the authority of the Chiefs Executive Council and applies to all IBA payments to Tłichq citizens for harvesting subsidies
3. Purpose and Position  
The purpose of this policy is to determine guidelines for re-issuing cheques from previous years. It is the position of the Tłichq Government that re-issuing stale-dated cheques for harvesting subsidies creates an administrative burden
4. Requirements
  - a. Corporate Services employees will make every effort to contact recipients of any harvesting subsidy payout cheques that have not been cashed within 6 months of being issued and verify the recipients mailing address and or banking information.
  - b. If the recipient of an outstanding cheque can not be located and/or if the cheque is stale dated, at year end, the cheque will be removed from the outstanding cheque list and funds will be reimbursed to the Tłichq Government’s general account.
  - c. Cheques will not be reissued more 90 days after the year-end in which they were stale-dated.
  - d. **It is the responsibility of Tłichq citizens to update and keep current their contact information with the Enrolment Coordinator.**

For status of your HSP form contact Timerin Tinqu-Simpson via

- email or by [timerintinquisimpson@tlichq.com](mailto:timerintinquisimpson@tlichq.com)
- phone at 867-392-6381 ext1327

## DIRECT BANK DEPOSIT FORM

Attach a void cheque or if a void cheque is not available, have your financial institution complete the information below and affix their company stamp

### Section A - Tłjchq Citizen Contact Information: Payment confirmation will be sent to email below.

Name:

Email:

Contact Number:

### Section B - Financial Institution Information:

Bank Name

Bank Address

Institution #

Transit #

Bank Account #

### Section C Attached cheque marked "VOID" here:

**OR print your direct deposit form from your Financial Institution.**

### Signature

I, authorized the above information and further authorize the Tłjchq Government to make payment by direct deposit into the above account until written notification to change or cancel is received.

Signature:

Date: