

All information is required for you to receive your funding.

A. Student Information:

Name (First, Middle, & Last name):		Date of Birth (dd/mm/yy)
SIN:	Treaty Status #:	

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):

<input type="checkbox"/> Mail to above mailing address	<input type="checkbox"/> Email to the above address
--	---

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

<input type="checkbox"/> Mail to my mailing address above	<input type="checkbox"/> Direct Deposit
---	---

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

Bank Name:	Select account type below: <input type="checkbox"/> Chequing Account <input type="checkbox"/> Saving Account <input type="checkbox"/> Other:
Bank Location:	
Institution Number: (3 digits)	
Transit Number: (5 digits)	
Account #:	

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 POST-SECONDARY Application to post.secondary@tlichq.ca, fax: 867.392.6884 or visit me at the Tłıchq Government Head Office in Behchokò, NT.