



**CREE NATION GOVERNMENT
APATISIIWIN SKILLS DEVELOPMENT
ELECTRONIC FUNDS TRANSFER REQUEST FORM**

File Number

To process payments more efficiently, the Cree Nation Government/Apatisiwin Skills Development Department is requesting that recipient fill the following form and return it as soon as possible.

Electronic Funds Transfer (EFT) Request Form

Recipient Information

Recipient Name: _____

Recipient Address: _____
 Address City / Town Province Postal Code

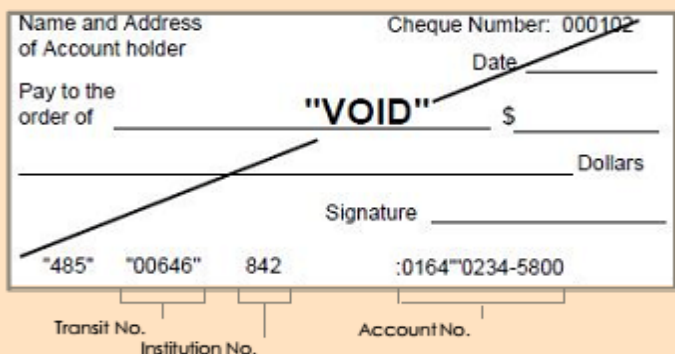
Finance Contact Name: _____

Contact Phone Number: _____

Email Address: _____

Banking Information

Please attach a voided cheque



Bank Name: _____

Bank Address: _____
 Street Address City

Province Postal Code Phone Number

Transit No.: _____ Institution No.: _____

Account No.: _____

Please use this form to notify us immediately if your banking arrangements change.

Authorization

I (we) hereby authorize the Cree Nation Government (CNG)/Grand Council of the Crees (Eeyou Istchee)(GCCEI)/Apatisiwin Skills Development (ASD) to direct payments electronically to the bank account specified here. I (we) acknowledge that the origination of the EFT transactions to my (our) account must comply with the provisions of Canadian law. This authorization agreement is effective as of the effective date below and is to remain in full force and effect until the CNG/GCCEI/ASD has received notification of its termination. I (we) agree to submit an updated EFT Authorization Agreement Form to the CNG/GCCEI/ASD for the cancellation of this agreement or to make any changes to the information provided within this agreement.

Authorized Signature: _____

Printed Name: _____

Title: _____

Phone Number Date MM/DD/YY

Please send the completed form and voided cheque by email to [Program Development Officer](#)