



Samson Cree Nation

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Samson Cree Nation to initiate automatic deposits to my account at the financial institution named below. I also authorize Samson Cree Nation to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree NOT to hold Samson Cree Nation responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Samson Cree Nation receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Chequing | Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Print Name: _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Samson Cree Nation Band # _____ D.O.B. _____

Please attach a voided check or deposit slip and return this form to the Membership Department.

List the Samson Cree Nation dependents names and their band #'s;

FIRST NAME:	MIDDLE NAME:	LAST NAME:	DATE OF BIRTH YYYY / MM/ DD	BAND #
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____

Please attach a voided check or deposit slip and return this form to the Membership Department.