
Direct Deposit Information

Banking information must be provided for direct deposit. Please attach either a cheque for your bank account marked "VOID" or a certificate of personal banking information issued by your financial institution.

Financial Institution: _____

Financial Institution Number: _____

Transit Number: _____

Account Number: _____

Signature



Place Bank Stamp Above

Signature of Financial Representative

(Only required for certificate of personal banking information)

Release and Indemnification

I, HEREBY:

1. Certify that I am a registered member of the Sheguiandah First Nation and my Sheguiandah Membership Number, along with all other information described above is true and correct;
2. Request payment of my per capita distribution in the amount of \$ _____ (the “Distribution Payment”);
3. Request payment by direct deposit:
 - a. As the recipient entitled to receive the Distribution Payment, I authorize the Sheguiandah First Nation Membership Department to deposit the Distribution Payment electronically into the bank account specified above;
 - b. I acknowledge that the banking information provided above will be entered in the Sheguiandah First Nation financial system;
4. In consideration of the Distribution Payment, I release, waive and forever discharge the Sheguiandah First Nation and the Sheguiandah First Nation Chief and Council and its respective corporations or entities, employees, officers, directors, shareholders, members, limited partners, agents and representatives (the “Releasees”) from any and all actions, manner of actions, causes of action, proceedings, suits, losses, liabilities, rights, debts, dues, duties, sums of money, accounts, obligations, costs, expenses, complaints, damages, judgments, claims, and demands of every nature and kind whatsoever or however arising, whether known or unknown, foreseen or unforeseen, suspected or unsuspected, in law or in equity, in contract or in tort (“Claims”), which I now have, or hereafter can, shall, or may have against the Releasees arising out of or relating to or in connection with the Distribution Payment;
5. I agree to save harmless and indemnify the Releasees from and against all Claims in relation to the Distribution Payment; and acknowledge that I have made and executed this release and indemnification of my own free will and that I bear sole responsibility for determining the legal, financial and economic impact, if any, associated with having received the Distribution Payment.

[Continued to Next Page]

DATED THIS _____ DAY OF _____, 2024

AT _____

SIGNATURE OF MEMBER,
SHEGUIANDAH FIRST NATION

SIGNATURE OF WITNESS

(Witness: Please Print Full Name and Address)