



AUTHORIZATION TO CREDIT AN ACCOUNT UNDER THE PRE-AUTHORIZED PAYMENT PLAN

The undersigned authorizes Kagita Mikam Aboriginal Employment and Training to deposit the amounts owed as per contract file number(s) _____ to be deposited at the financial institution named below.

To have your cheque deposited directly to the account described below, please complete the authorization and details.

Institution Name: _____

Branch Address: _____

City: _____ Province: _____ Postal Code: _____

PLEASE ATTACH VOID CHEQUE or BANK DIRECT DEPOSIT FORM

☐

Chequing Account

☐

Savings Account

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Cell: _____

Date: _____

Signature: _____