



# NUCHATLAHT DIRECT DEPOSIT FORM

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Name or Organization: \_\_\_\_\_

I hereby authorize Nuchatlaht to deposit into the account indicated below.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date Signed

Name of Bank	
Address of Bank	
Bank Phone Number	
Institution Number	
Transit Number	
Account Number	

Please attach a void cheque to this Direct Deposit Form.

Once completed, please email to [finance@nuchatlaht.com](mailto:finance@nuchatlaht.com) with the subject line "Direct Deposit Form".

Alternatively, you may fax to 250-332-5907