



HAISLA NATION COUNCIL

PO Box 1101, Kitamaat Village, BC, V0T 2B0 | (250) 639-9361
Toll Free: 1-888-842-4752 | Fax: 250-632-2840 or 250-632-4794

Member Information Update Form
Mailing Address & Banking/EFT
Please return form to assistantcomptroller@haisla.ca

Member Information: PLEASE PRINT
Legal Name:
Status # (last 4 digits only):
Mailing Address: (Address, City, Postal Code)
Telephone #:
Email (Mandatory Field):

Banking Information:
Name of Financial Institution:
<i>To ensure the accuracy of our account information, it is required that you attach a voided cheque or direct deposit form from your bank and complete the following financial information:</i>
Last 4 digits of account #: _____
EFT Bank Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Signatures:
Signature: _____
Date: _____

I/We hereby consent to the release of the above information to the following HNC departments. Please note, your banking information will not be distributed outside of the Finance Department:

Finance Department

Mailing Address only:

All internal departments

Elections Registrar

- Individuals under the age of 18 require authorizing signature of a parent or legal guardian. Parents or guardian should be given a copy of the signed consent form for their records.