



# HAISLA NATION

## MEMBER INFORMATION

### Update form for:

(1) mailing address and/or (2) banking/EFT

**Please return/email form to [assistantcomptroller@haisla.ca](mailto:assistantcomptroller@haisla.ca)**

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

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

<b>Signatures:</b>	
<u>Signature:</u> _____	<u>Date:</u> _____

I/We hereby consent to the release of the above information to:

Finance Department

\*Please note, your banking information will not be distributed outside of the Finance Department.

And my mailing address only to the following HN departments:

All Haisla Nation internal departments (I.e. Health, Employment, Post Secondary, Membership, etc.)

Haisla Nation Elections Registrar (I.e. HN Custom Election Code and ratification information.)

Note: Individuals under the age of 18 require authorizing signature of a parent or legal guardian. Parent(s) or guardian(s) should be given a copy of the signed consent form for their records.