



HAISLA NATION

MEMBER INFORMATION

Update form for:

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

Please return/email form to assistantcomptroller@haisla.ca

Member Information: PLEASE PRINT
Legal Name:
Status No. (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 void 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:	
<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 an authorization signature of their parent or legal guardian. Parent(s) or guardian(s) should be given a copy of the signed consent form for their records.