



**FROG LAKE PER CAPITA DISTRIBUTION  
 FROG LAKE FIRST NATIONS # 121 & # 122  
 GENERAL DELIVERY FROG LAKE, ALBERTA T0A 1M0  
 BUSINESS: (780) 943 3737 FAX: (780) 943 3966**

**PER CAPITA DISTRIBUTION AUTHORIZATION FORM**

This letter is to verify that I,

**SURNAME**

**GIVEN NAME**

**MIDDLE NAMES**

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**DATE OF BIRTH**

**TREATY NUMBER**

**PHONE NUMBER**

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**PERSONAL MAILING ADDRESS: (MUST BE COMPLETED FOR FILE PURPOSES)**

\_\_\_\_\_

Have authorized the PCD COMMITTEE to distribute my PCD to either of the following: (Please check one)

- BANKING INFORMATION (Part A)**
- THIRD PARTY PICK UP (Part B)**
- PERSONAL MAILING ADDRESS PROVIDED ABOVE**

My information is as follows:

**Banking information: (ALL INFORMATION MUST BE FILLED CORRECTLY)**

**PART A**

Name of Bank: \_\_\_\_\_

**BRANCH NUMBER**

**TRANSIT NUMBER**

**ACCOUNT NUMBER**

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**PART B**

**Third Party Pick Up**

I authorize \_\_\_\_\_ to pick up my Per Capita Distribution on my behalf. I will also submit a photocopied ID with this application to have my signature clarified. Should you have any questions regarding this third party pick up please do not hesitate to contact me at this number ( \_\_\_\_\_ ) \_\_\_\_\_.

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Witness and Date

**\*\*\*\*\*ALL INFORMATION MUST BE FILLED AND FAXED TO 780-943-3966, FOR THE CHILDREN PLEASE ADD NAMES AND TREATY NUMBERS ON SEPARATE PIECE OF PAPER AND FAX BACK WITH APPLICATION. THANK YOU! REGARDLESS, ALL INFORMATION WILL BE KEPT ON FILE FOR FUTURE PURPOSES.\*\*\*\*\***