



Pimicikamak Okimawin Administration Office

P.O. Box 399-1144 Mikisew Road
Cross Lake, Manitoba ROB OJO Canada
204-676-3133
www.pimicikamak.ca

PAYMENT AUTHORIZATION/CHEQUE REQUISITION

I acknowledge compensation payment is based as per registered membership/person to be received in December 2018 from the Pimicikamak Okimawin Administration Office. **Note:** Please have PAYEE sign off for ALL the names listed on the form, as a legal Parent/Guardian of those that are under the age of 18. Any custom/traditional adoption child(ren) under your care will require an additional form for both guardian and parent to sign and be submitted with the form under the appropriate Payee and Caregiver. Please request form named Custom/Traditional Form only to be associated to the compensation payment.

Name of Payee, Spouse & Dependents in Household.	D.O.B.	Treaty Number	Signature	Amount

I acknowledge that all information provided to be true and not fraudulent in any manner, and all information is correct. Furthermore, I acknowledge all information will be verified by Pimicikamak Okimawin Administration Staff and Membership Clerk. Any submission missing any information or missing documents will not be processed and may delay the payment to be issued.

Payee: _____ Date: _____

For Off Reserve Members Only:

Request for RBC Bank Deposit: Transit #: _____ Bank # _____ Account # _____

Or We Financial # _____, Location: _____

For other Financial Institutions requested by the Payee, please provide a void cheque copy and will be deposited in Wpg, Mb.

I, _____ (Payee - Print Name) authorize my cheque to be released to _____ (authorized Individual - Print Name).

I hereby release any liability from or against Pimicikamak Okimawin. The authorized individual will solely be responsible for the delivery of payment to me personally.

Payee Signature: _____ Date: _____

For Office Use Only:

Cheque # _____ Date of Cheque Issued: _____