



Yuutu?it?ath

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Yuutu?it?ath (Ucluelet First Nation)** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold **Yuutu?it?ath Government (Ucluelet First Nation)** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Yuutu?it?ath (Ucluelet First Nation)** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Department of Finance (Payroll Department).

Account Information

Name (incl. initials) _____

Name of Financial Institution: _____

Institution No. _____

Transit No. _____

Account No. _____

Chequing

Savings

Signature

Authorized Signature (Primary): _____ **Date** : _____

Authorized Signature (Joint): _____ **Date** : _____

Please remember to attach a void cheque or deposit slip.

The Yuutu?it?ath Government (Ucluelet First Nation) guarantees that this information will be kept strictly confidential and will not be shared or divulged with unauthorized persons.