



**Office of Mikisew Student Services**

P.O. Box 90 Fort Chipewyan, AB. T0P 1B0

Ph: (780) 215 1175 Fax: (780) 697-3385

**MIKISEW CREE FIRST NATION  
POST-SECONDARY STUDENT SUPPORT PROGRAM  
DIRECT DEPOSIT INFORMATION**

I hereby authorize Mikisew Student Services to direct deposit my monthly living allowance payment to the following account:

Banking Institution: \_\_\_\_\_

Bank Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Institution Code: \_\_\_\_\_

Transit Number: \_\_\_\_\_

Account #: \_\_\_\_\_

Account Type: \_\_\_\_\_

\_\_\_\_\_  
Payee Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Please provide copy of void cheque or banking institution's deposit slip and if possible, have a banking representative stamp this form with the banking institution's teller stamp.