FIRST NATIONS FINANCE AUTHORITY

Change of Banking Information

Account Name: _____ Account Number:_____

Client Name: _____ *Effective Date:* _____/_____/_____
YYYY MM DD

Bank Name: _____

Institution No. (3 Digits): _____ Transit No. (5 Digits): _____

Account No. (7 or more Digits): _____

Branch Address: Street _____City/Prov._____

Postal Code: _____

Your name

555 Main Street
ANYTOWN, BC
V1A 2B3

00408

☐☐☐☐☐☐☐☐
Y Y Y Y M M D D

PAY TO THE ORDER OF _____ $_____

_____ /100 DOLLARS

YOUR BANK
111 MAIN STREET, ANYTOWN, BC
V1A 2B3

_____

_____

408 12340 001 5678910

Cheque number — *Branch/Transit Number* — *Institution/ Bank Code* — *Account Number*

The FNFA is authorized to utilize the above account(s) for electronic funds withdrawals and deposits for the First Nations Finance Authority Pooled Investment Program as indicated.

Authorized Signatories:

Per _____ Print Name_____

Per _____ Print Name _____