

Distribution Form A: Individual Authorization

Distribution Form A is for Musqueam members (aged 19 or over) to authorize their own personal payment. If you are a Musqueam child's parent or guardian, Distribution Form B: Family Authorization replaces Form A.

SUBMIT THIS FORM BY APRIL 4, 2025 FOR PAYMENT ON APRIL 15, 2025

Full Legal Name	
Preferred Name <i>(if different)</i>	
Phone Number	
Email	
Address	

I hereby authorize Musqueam Indian Band to pay my:

DISTRIBUTION in the amount of **\$800** **ELDERS DISTRIBUTION** in the amount of **\$500**
(For band members aged 60 or over)

I would like payment by the following method:

DIRECT DEPOSIT. Please also select one of the following three options:

My banking information has not changed since the last distribution.

My banking information changed recently, or this is the first time I'm requesting direct deposit, and I've attached:

a void cheque.

a direct deposit form for my personal bank account.

CHEQUE. Please also select one of the following three options:

I will pick up the cheque myself from the band office.

I authorize pick up by: _____.

(Full legal name of person picking up cheque)

Please mail my cheque to the address listed above.

I hereby release Musqueam and its employees and agents from all liability in respect of any payment made in good faith in reliance on this authorization.

Date:

Print Name of Musqueam Band Member

Authorization Signature of Member



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