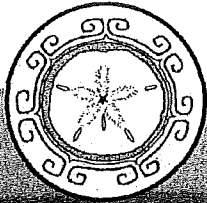


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Acadia First Nation

1-866-670-8086
Bus: (902) 742-0257 Fax: (902) 742-8854
10526 Highway #3 Yarmouth, N.S. B5A 1A9

**ACADIA FIRST NATION SOCIAL DEVELOPMENT
DEPOSIT ENROLLMENT FORM**

PART 1: to be completed by client

1. Client Name & Address	2. _____ New Enrollment _____ Notice of Account Change
3. Telephone # (902) Bank's Phone # (902)	4. Inst. No. 0 / / / / (3 Digits)
5. Branch No. / / / / / (5 Digits)	6. Account No. / / / / / / / / / / (7-12 Digits)
7. Type of Account _____ Chequing _____ Savings	8. Account Name/s

Bank Name _____

PART 2:

CLIENT AUTHORIZATION

I/We hereby authorize the Acadia First Nation Social Development Program to use a direct deposit system, to make deposit payments directly to the account described above, I will notify the payer if I have a change in any account information that would affect these transactions.

Signature of Client _____ Date: _____

Signature of Client _____ Date: _____

***This authorization must be signed in accordance with the signing authority required on the account**