MISSISSAUGAS OF THE NEW CREDIT FIRST NATION
COMMUNITY WELLNESS EXPENSE CLAIM FORM-ADULT 2016-17

If mailing, please do so to: 2789 Mississauga Rd., R.R. #6 Hagersville, ON N0A 1H0

FULL NAME *(as it appears on your Status Card)*:	REGISTRY NUMBER *(10 DIGIT)*:
COMPLETE MAILING ADDRESS *(including Postal/Zip Code)*:	**BIRTHDATE** (YYYY-MM-DD):
EMAIL ADDRESS *(required if getting Electronic Funds Transfer)*:	**TELEPHONE NUMBER** *(including area code)*:
PLEASE INDICATE THE FOLLOWING OPTIONS: _____ Cheque Mail Out _____ Cheque Pick Up _____Electronic Funds Transfer **(Canada only)*** ***Include a void cheque or direct deposit information***	***When submitting by mail, PLEASE enclose photocopies (front & back) of 2 pieces of ID that have either your signature or photograph (preferably both); e.g. Status Card, Driver's Licence. When submitting in person, PLEASE have 2 pieces of ID ready for LMR staff. The LMR Office will NOT accept Social Insurance Cards OR Social Security Cards as forms of ID***

I hereby authorize the use of my address for various MNCFN initiatives (e.g. Voter's List, MNCFN Community Trust, Eagle Press Newsletter, Internal Department's use). Under no circumstances will MNCFN share your personal information with outside agencies. _____ (BAND MEMBERS PLEASE INITIAL HERE)

Number of Receipts:	Total Amount:	
		X
		Signature of Claimant & Date:
		X
		Department Approval & Date:

---------------Do not write below this line. For Office Use Only---------------

Documents provided for identity: Department's Initials_____

___Status Card ___Confirmation of Status ___D.L. ___H.C. ___B.C. ___Other ID (_____)

Amount Claimed:	Remaining Balance:

Account Number:	64300
Dept. Number:	100301
Cheque Number:	
Cheque Date:	