



# Klahoose First Nation

Box 9, Squirrel Cove, BC  
Canada V0P 1T0

Phone: 250-935-6536  
Fax: 250-935-6997

## Authorization to Release Distribution Cheque

I hereby authorize Klahoose First Nation to release my Distribution Cheque, which is to be made out in my name only, to the following person \_\_\_\_\_ . My photo copy of **Gov't Photo** I.D. is provided.

I hereby release Klahoose First Nation and its employees and agents from all liability in respect of any payment made in good faith in reliance of this Authorization.

Signature of Member here: \_\_\_\_\_

Signature of Person receiving cheque, **to be signed at time if pickup,**

\_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_