



# MSI-13

## Cheque by Mail Authorization Form

### CHEQUE BY MAIL AUTHORIZATION FORM

I, \_\_\_\_\_, hereby authorize Mohawk Self Insurance to mail (by Canada Post) my Mohawk Self Insurance weekly indemnity cheques to the following address;

Name:	
Address:	
City:	
Province:	
Postal Code:	

I hereby recognize that the Mohawk Self Insurance Program and the Mohawk Council of Kahnawake may, at anytime, for a valid reason, refuse to send the indemnity cheques by mail. I further acknowledge that I have absolutely no recourse against Mohawk Self Insurance or the Mohawk Council of Kahnawake, or against any employee personally for any cheques that are lost in the mail.

Signed, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
MSI Claimant (print)

\_\_\_\_\_  
Witness (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature