

**Funding Recipient:** \_\_\_\_\_ (Last name, First name)

**Person Being Reimbursed:**

Name: \_\_\_\_\_ (Last name, First name)

Address: \_\_\_\_\_ (Street)

\_\_\_\_\_ (City, Province)

\_\_\_\_\_ (Postal Code)

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I am a:

Family Member/Individual

Private Support Provider

I have supplied a VOID cheque or BANKING INFORMATION to Extend-A-Family for **direct deposit** reimbursement purposes.

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I, hereby consent to paying any costs incurred by EAFWR because of my failure to update EAFWR with any changes in my address, bank accounts or other pertinent information.

I am responsible for maintaining my own records of any funds transferred to me by EAFWR on behalf of the Funding Recipient.

EAFWR is required to collect personal information from time to time. EAFWR is required to use and disclose relevant information to staff, families, individuals, third parties and government agencies for the purpose of reimbursement, funding, reporting as required to the Ministry and other purposes. EAFWR may also disclose such information to third parties for the purpose of completing any of the above tasks on its behalf. I, hereby give my consent to EAFWR to use my personal information for the purposes as indicated in this clause.

**By signing this document, I declare that the information provided by myself is true and I consent and agree to the clauses in this document.**

Payee Signature: \_\_\_\_\_ Date: \_\_\_\_\_