



Income Assistance

Case Number: _____

Form E – Payment Authorization to a Third Party

Applicant Information

Last Name	First Name	
Telephone	Date of Birth (YY/MM/DD)	/ /
Current Mailing Address		
Community	, NT	Postal Code

Authorization Agreement

I, _____ of the City/Community of _____ in the Northwest Territories, authorize the Department of Education, Culture and Employment, Government of Northwest Territories, to directly make payment(s) to the following from my Income Assistance benefits:

	Name/Company	Amount
Rent		
Power		
Water		
Heating		
Garbage/Sewer		
Repayment Plan/Arrears		
Taxes and Insurance		
Other		

Declaration

I understand the information on this form will be used for the sole purpose of making payments directly to vendors on my behalf from my Income Assistance benefits. I understand if there are any changes to my personal or financial situation, I must immediately report it to my Client Services Officer.

Applicant Signature	Date (YY/MM/DD) / /
---------------------	---------------------