



Nisga'a Lisims Government

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NISGAANATION.CA

AUTHORITY TO TERMINATE PAYMENT or SERVICE

PROTECTED: (When completed) To be handled by Authorized Personnel number

Social Assistance Adult In-Home Care Other: _____

Effective Date:	Social Insurance Number	Amount \$	Administering Authority
Name of Payee			Citizenship # / Status #
Address of Payee:			Postal Code:
Reason:			
Authorized By:			Date: