



## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize **Listuguj Education Directorate** to initiate automatic deposits to my account at the financial institution named below.

This agreement will remain in effect until the Education Directorate receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

### Student Information

Student Name: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

**IF YOUR BANKING INFORMATION IS THE SAME AS LAST YEAR, check here**

### Account Information

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Branch Number \_\_\_\_\_ Transit Number \_\_\_\_\_

Account Number \_\_\_\_\_

### Signature

\_\_\_\_\_  
*Authorized Signature:*

\_\_\_\_\_  
*Date:*

**Please attach a voided cheque and return this form to the Education Directorate**