

Direct Deposit Authorization Form

Please complete one of the following below: Banking Information with Teller Stamp or Attach Voided Cheque.

Name: _____

Name of Bank: _____

Account #: _____

5-digit Transit #: _____

3-digit Institution #: _____

Teller Stamp

Please attach a voided cheque to which account funds should be deposited.

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Member Signature: _____ Date: _____