



## Direct Deposit Application (Mandatory)

### INSTRUCTIONS

1. Complete the Form and attach a VOID cheque.
2. Sign the Form where indicated.
3. Advise us promptly of any changes to your account information.

### CORPORATE CLIENT DETAILS (PAYOR)

Company Name: School District No. 78 (Fraser-Cascade)  
 Address: 650 Kawkawa Lake Road  
 City: HOPE Province: British Columbia Postal Code: V0X 1L4

### PAYEE INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
 Payroll Number: \_\_\_\_\_

I hereby authorize the above-named Payor to process direct deposits to the account specified in the Banking Information section.

**X** \_\_\_\_\_  
 Signature Date

### BANKING INFORMATION

Financial Institution: \_\_\_\_\_  
 Branch Address: \_\_\_\_\_  
 Account Name: \_\_\_\_\_

0 \_\_\_\_\_  
 Institution Branch Account Number

Voided cheque attached to Direct Deposit Application **(Required)**.