

## Request for *Electronic Funds Transfer (EFT) Direct Deposit Form or E-Transfer*

Fill out the form if you prefer to have your reimbursements/payments deposited automatically into your bank account.

|   |  |                   |  |
|---|--|-------------------|--|
| <b>Name:</b>                            |  |                   |  |
| <b>E-mail Address for Notification:</b> |  |                   |  |
| <b>Contact Telephone Number:</b>        |  |                   |  |
| <b>Date:</b>                            |  | <b>Signature:</b> |  |

**Option 1: Interact E-Transfer**

Provide us with e-transfer E-mail or Mobile Number for deposits:

|  |  |  |        |
|--|--|--|--------|
| <b>Are you setup for Auto Deposit?</b> |  | <input type="checkbox"/> yes <input type="checkbox"/> no |        |
| <b>Please Use [check one]</b>          | <input type="checkbox"/> <b>E-mail Address</b> | <input type="checkbox"/> Same as above                   | Other: |
|  | <input type="checkbox"/> <b>Mobile Number</b>  | <input type="checkbox"/> Same as above                   | Other: |

**Option 2: Electronic Funds Transfer (EFT) – Direct Deposit**

Provide us with a Void Cheque, Direct Deposit Form from your Online Banking **OR** with the following information:

|                                      |  |
|--------------------------------------|--|
| <b>Financial Institution Name:</b>   |  |
| <b>Transit Number:</b>               |  |
| <b>Financial Institution Number:</b> |  |
| <b>Account Number:</b>               |  |



Return by email at [office@d26.osstf.ca](mailto:office@d26.osstf.ca) or to our office.