

## **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.

Name:		
E-mail Address for Notification:		
Contact Telephone Number:		
Date:	Signature:	

## **Option 1:** Interact E-Transfer

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

Are you setup for Auto Deposit?		🗆 yes 🗆 no		
Please Use		E-mail Address	□ Same as above	Other:
[check one]		Mobile Number	□ Same as above	Other:

Option 2:Electronic Funds Transfer (EFT) – Direct DepositProvide us with a Void Cheque, Direct Deposit Form from your Online BankingOR with the following information:

Financial Institution Name:	
Transit Number:	
Financial Institution Number:	
Account Number:	

Ezekiel A. Cr 123 YOUR A City, Provinc			D	Ban	ık ,	Sep	tember	20, 2021
PAY TO THE ORDER OF	Sample	e Chec	k		4	\$	172.	00
	dred and s	sevent	4-two & 0	0/100				DOLLARS
One nun			-					
	ayment				Ezek	iel	A. Crai	9
MEMO PO				123	Ezek	iel	A. Crai	9

## Return by email at <u>office@d26.osstf.ca</u> or to our office.