

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?		<input type="checkbox"/> yes <input type="checkbox"/> no	
Please Use [check one]	<input type="checkbox"/> E-mail Address	<input type="checkbox"/> Same as above	Other:
	<input type="checkbox"/> Mobile Number	<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:

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



Return by email at office@d26.osstf.ca or to our office.