



This form contains the banking information required to facilitate direct deposits to your personal Canadian bank or credit union account.

Full Legal Name of Individual Receiving a Direct Deposit of Funds from Columbia College

City / Town

Province

Postal Code

Phone Number

Name of Canadian Financial Institution

Branch Name

Branch Phone Number

Branch Address

[illegible]

Transit Number

Bank #

Account Number

Columbia College is hereby requested and authorized to make deposits to my / our account as designated below which are payments due to me. This authorization may be canceled or the account number changed by an email to Accounting@columbiacollege.ca at least one week before payments are due to me.

By signing this document, I agree to the terms and conditions set forth in this agreement.

Account Owner Signature

Account Owner Name and Student Number

X

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Date (yyyy-mm-dd)