

Student Banking Information for Direct Deposit - Please return form to accounting@columbiacollege.ca

Description of Service:

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

Section 1 – Student Banking Information				
Full Legal Name of Individual Receiving a Direct Deposit of Funds from Columbia College				
Street Address				
City / Town	Province	Postal Code	Phone Number	
Section 2 – Banking Information - Please fill out below or attach a cheque marked VOID				
Name of Canadian Financial Institution				
Branch Name		Branch Phone Number		
Branch Address				
Transit Number Bank # Account Number				

Section 3 – Depositor Information 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.

Section 4 – Authorized Signature			
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	Date (yyyy-mm-dd)		