



Student Banking Information for Direct Deposit

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

Name of Canadian Financial Institution	
Branch Name	Branch Phone Number
Branch Address	

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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)