

RENFREW COUNTY DISTRICT SCHOOL BOARD  
DIRECT DEPOSIT REQUEST FORM

Employee #

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Social Insurance Number

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Location

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Surname

--

Given Name And Initials

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Address


Postal Code

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Area Code & Phone Number

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COMPLETE THIS SECTION TO START DIRECT DEPOSIT

<p><b>DIRECT DEPOSIT ROUTING</b></p> <p>Financial Institution Name, Address</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> <p>Postal Code</p> <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <table border="1"> <tr> <td>Branch No.</td><td>Inst. No.</td><td>Account No.</td> </tr> <tr> <td> </td><td> </td><td> </td> </tr> </table>										Branch No.	Inst. No.	Account No.				<p><b>EITHER</b></p> <p><b>Attach</b> to this form a voided personalized cheque or from your bank, an authorized direct deposit form</p>
Branch No.	Inst. No.	Account No.														
	<p><b>OR</b></p> <p>Have this information confirmed below by your financial institution officer.</p>															
	<p>Signature Of Financial Institution Officer</p>															

This personal information is collected under the authority of the Education Act. The personal information collected will be used for education, administration and statistical purposes of the Board and/or Ministries and Agencies of the Government of Ontario and the Government of Canada. Questions about this collection of personal information should be directed to the Freedom of Information Coordinator, 1270 Pembroke Street West, Pembroke, Ontario, K8A 4G4, 613-735-0151.

Signature Of Employee

Date

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