HAMILTON TASTEBUDS
STUDENT NUTRITION COLLABORATIVE

DIRECT DEPOSIT FORM

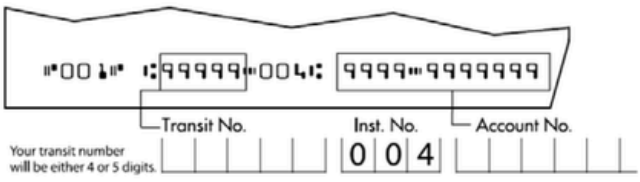
SPRC
Social Planning and Research Council of Hamilton

PART A: PROGRAM INFORMATION	
STUDENT NUTRITION PROGRAM NAME	
Payable To (If required):	
MAILING ADDRESS	
Street Address	
City / Province	Postal Code

Check one: ❑ Direct deposit enrollment ❑ Direct deposit information change

PART B: BANKING INFORMATION	
NAME OF FINANCIAL INSTITUTION	
BRANCH ADDRESS	
Street Address	
City / Province	Postal Code
ACCOUNT INFORMATION *(see below for example)*	
Institution No.	Transit No.
Account No.	

***Please attach a void cheque to this form.**



PART C: AUTHORIZATION	
Print Name	Title
Signature	Date

NOTE: Direct deposit reference will be ***"SPRC Hamilton"*** in your bank account transcations.