



DIRECT DEPOSIT FORM

PART A: PROGRAM INFORMATION

STUDENT NUTRITION PROGRAM NAME

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Payable To (If required):

MAILING ADDRESS

Street Address

City / Province	Postal Code
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Check one: Direct deposit enrollment Direct deposit information change

PART B: BANKING INFORMATION

NAME OF FINANCIAL INSTITUTION

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BRANCH ADDRESS

Street Address

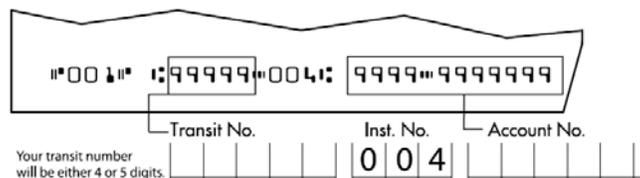
City / Province	Postal Code
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ACCOUNT INFORMATION *(see below for example)*

Institution No.	Transit No.
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Account No.

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



PART C: AUTHORIZATION

Print Name	Title
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Signature	Date
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NOTE: Direct deposit reference will be "**SPRC Hamilton-Wentworth**" in your bank account transactions.