RENFREW COUNTY DISTRICT SCHOOL BOARD

DIRECT DEPOSIT REQUEST FORM

Employee #

Social Insurance Number

Location

Surname

Given Name And Initials

Address

Postal Code

COMPLETE THIS SECTION TO START DIRECT DEPOSIT

DIRECT DEPOSIT ROUTING

Financial Institution Name, Address

Postal Code

| Branch No. | Inst. No. | Account No. |
|---|---|---|
| | | |

EITHER

Attach to this form a voided personalized cheque or personalized deposit slip with the same information as completed

OR

Have this information confirmed below by your financial institution officer.

Signature Of Financial Institution Officer

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