



Direct Deposit Authorization Form

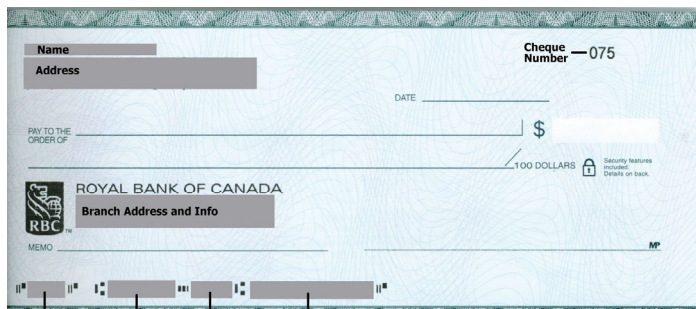
Please print and complete ALL the information below.

Payee Last Name	_____	Payee First Name	_____
Street Address	_____	City, Province	_____
	_____	Postal Code	_____
Email	_____		
Financial Institution Name	_____	Financial Institution Number	_____
Transit (Branch) #	_____	Account Number	_____

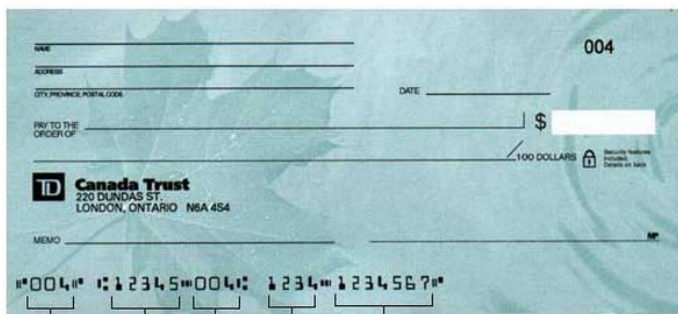
**** Please attach a void cheque OR Direct Deposit form from your bank. Email to carolyn@ringettalberta.com**

By emailing the form, you are authorizing Ringette Alberta to deposit your pay to the account listed above. This authorization will remain in effect until Ringette Alberta receives a modify or cancellation notice in writing.

Example



Cheque Number
Transit (Branch) Number
Financial Institution (Bank) Number
Designation and Account Number



Cheque number
* Transit (Branch) number
Financial Institution number
Designation number
Account number