

Direct Deposit Notification

To: _____

Address: _____

Please accept this notification to re-direct the following deposit to the account identified below effective:

Start Date

- Pay Check
- Government Payments
- Dividends Payments
- Other Payments

Copy of the required information or attach a "VOID" Cheque.

Your Name: _____

Address: _____

Employee Number

Social Insurance Number

Shareholder Certificate Number

-----VOID-----

\$

Details/Number

(if applicable)

Thank you,

Your Branch address: _____

Signature of Account Holder

001

Transit Number

Institution Number

Account Number