Direct Deposit Authorization Form

_____

Company Name

Name: _____

Address: _____

_____

Telephone: _____

Email: _____

FINANCIAL INSTITUTION

Education Credit Union Limited

Education Centre
6 - 51 Ardelt Avenue
Kitchener ON N2C 2S9
Tel: 519. 742.3500
Fax: 519. 742.6072
Transit: 20352

TechTown
103 – 340 Hagey Blvd
Waterloo ON N2L 6R6
Tel: 519. 772.3050
Fax: 519. 772.1063
Transit: 69642

Cambridge Place
117-73 Water St N
Cambridge ON N1R 7L6
Tel: 519.623.2211
Fax: 519.623.2051
Transit: 12762

EDUCATION
CREDIT UNION

Encoding:

	8 2 8	**0**							**■:**			

Transit No. Inst. No. Account Number Information -

Replaces need for void cheque

Verified by:

I hereby authorize and request that all payments due to me be deposited to my account with the financial institution designated above.

Signature: _____ Date: _____

(RS18MAR10)