

HAMILTON-WENTWORTH CATHOLIC DISTRICT SCHOOL BOARD
BANK DEPOSIT AUTHORIZATION

FOR PROMPT PAYMENT PLEASE COMPLETE
AND SEND TO ACCOUNTS DEPARTMENT
EMAIL: eft@hwcdsb.ca

VENDOR INFORMATION

BANK, CREDIT UNION, TRUST CO.

NAME:

NAME:

PHONE NUMBER:

BRANCH:

ADDRESS:

ADDRESS:

HST # _____

BRANCH NUMBER (5 digits) _____

ONTARIO
BUSINESS
REG # _____

INSTITUTION NUMBER (3 digits) _____

EMAIL ADDRESS FOR PAYMENT
NOTIFICATIONS:

ACCOUNT NUMBER (maximum 12 digits)

DATE:

VENDOR SIGNATURE

NOTE: Please attach one of your personal bank account cheques marked "VOID". The information on the bottom of the cheque greatly assists us in setting up your bank deposit on our computer. Thank you.