



**AUTHORIZATION FOR DIRECT DEPOSIT**

**ACCOUNTS PAYABLE ONLY**

*ATTN: ACCOUNTS PAYABLE (e-mail: [payables@ssrce.ca](mailto:payables@ssrce.ca))*

Company/Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Generic email for placing orders: \_\_\_\_\_

Generic A/R email for Direct Deposit Notice: \_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_\_ Fax#: (\_\_\_\_) \_\_\_\_\_

Cell Phone#: (\_\_\_\_) \_\_\_\_\_

Business#: \_\_\_\_\_ SIN#: \_\_\_\_\_ WCB#: \_\_\_\_\_

**BANKING INFORMATION**

Financial Institution Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone#: (\_\_\_\_) \_\_\_\_\_

Transit #: \_\_\_\_\_ (5 digits) Bank code \_\_\_\_\_ (3 digits) Account #: \_\_\_\_\_

Type of Account:  Chequing  Savings

**(MUST be attached to this form: Void Cheque or Company Deposit Slip or a Bank form completed by your bank; otherwise, the Direct Deposit information will not be processed)**

I hereby authorize the South Shore Regional Centre for Education to deposit all of my Payments directly to the Financial Institution and applicable account as indicated above. Signing Officer should be the person or persons who are authorized to approve billing accounts.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signing Officer or Owner's Signature

Any future changes to these banking arrangements **MUST BE FORWARDED** to:  
South Shore Regional Centre for Education, A/P, 69 Wentzell Dr., Bridgewater NS B4V 0A2,  
emailed: [payables@ssrce.ca](mailto:payables@ssrce.ca)