



Customer Account Information for Direct Deposit or Pre-Authorization Payment

TO BE USED ONLY IN PLACE OF VOIDED CHEQUE

Customer Information

Name

Address

City

Province

Postal Code

Banking Information

Name of Financial Institution

Branch Address

City

Province

Postal Code

Transit Number

Institution Number

Account Number

Customer Signature

Date

Customer Instructions

1. This form provides account information in place of a voided cheque and is used when arranging pre-authorized payments or direct deposits.
2. Upon completion, submit the form to the Diocesan Office, attention Mr. Peter Flemming, Controller, 6017 Quinpool Road, Halifax, NS B3K 5J6.

*affix
financial institution
stamp*

Signature _____