**Attention: Accounts Payable**

**Telephone: (709) 758-2917 or (709) 758-2316**

**Fax: (709) 757 4712**

**Email:** AccountsPayable@nlesd.ca

**DIRECT DEPOSIT APPLICATION**

**Vendor Name:**

**Address:**

**Email:**

I hereby authorize the Newfoundland and Labrador English School District, through Royal Bank of Canada, to make deposits to my bank account. I will advise you of any change in this regard, and the authorization is to remain in effect until cancelled in writing.

Signature: Date:

**Note: Please attach a sample voided cheque or have a bank official complete and sign the next section.**

|  |
| --- |
| BANK or FINANCIAL INSTITUTION |
| BRANCH ADDRESS: |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Transit# |  |  |  |  |  | ID# |  |  |  |
| Account# |  |  |  |  |  |  |  |  |  |  |

**Please have signature of Bank Official only if sample voided cheque is not provided.**

Signature of Bank Official**:** Date: