



Attention: Accounts Payable

Telephone: (709) 729-2359

Email: accountspayable@nlschools.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: _____