



Direct Deposit Authorization Agreement

To have your payments deposited directly to your account, please complete and return this form:

ACTION REQUESTED:

<input type="checkbox"/> Setup direct deposit information	Effective Date (MM/DD/YY)
<input type="checkbox"/> Change existing direct deposit information	

PAYEE INFORMATION:

Legal Registered Name:			
Address	City	Province	Postal Code
Telephone No.	Fax No.	E-Mail Address	

FINANCIAL INSTITUTION INFORMATION:

1. Attach your sample cheque marked VOID in the space below (preferred) OR 2. If you do not have a void cheque, please complete the section below			
Name of Financial Institution			
Address	City	Province	Postal Code
Transit number (5 digits)	Financial Institution number (3 digits)	Account number (up to 12 digits)	

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize and request The City of St. Albert to deposit payments to the Bank Account at the Financial Institution listed above. This authorization may be cancelled at anytime upon written notice by the vendor.

Name (please print):	Signature:	Date:
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TWO WEEKS ADVANCE NOTICE IS REQUIRED TO ENSURE CHANGES ARE DONE PROPERLY

By Mail: City of St. Albert Accounts Payable Dept. 5 St. Anne Street St. Albert, AB T8N 3Z9	Or By Fax: 780-459-1734	Or Scan & Email: accountspayable@stalbert.ca
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See attached page for sample showing how to complete the Financial Institution Information

As shown in the photo below, the first set of numbers is the Cheque #. The same number is at the top right of the cheque too.

The next 5 numbers is the transit number. These numbers represent the location of your bank branch, where you first opened the account.

The next 3 numbers is your bank institution number. This indicates the bank where the account is at (CIBC, BMO, TD, RBC, Scotia Bank, HSBC, etc.)

The remaining numbers is the account number. This is assigned by the bank, will vary person to person, and represents your bank account.

