

REQUEST FOR DIRECT BANK DEPOSIT
Financial Resources - Accounting

Instructions :

- All fields are mandatory and must be completed in printing prior to submitting the form.
- Send the completed form to: University of Ottawa, Financial Resources - Accounting, TBT027, 550 Cumberland, Ottawa, ON K1N 6N5
OR by fax at 613-562-5886 OR by e-mail at ddacct@uOttawa.ca

New request

Change of information

PERSONAL INFORMATION

First name: _____

Last name: _____

Telephone number: _____
(include area code and extension)

E-mail: _____
(for sending the deposit notification)

Home address: _____

GST or HST registered? Yes No

(if yes, provide tax registration number)

BANKING INFORMATION

Name of financial institution: _____

Branch address: _____

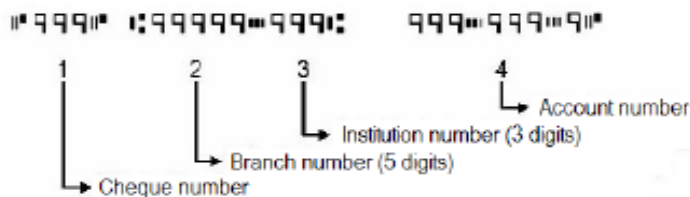
***** IT IS MANDATORY TO ATTACH THE FOLLOWING TO THIS FORM *****

A CHEQUE MARKED « VOID »

OR

A DOCUMENT FROM YOUR FINANCIAL INSTITUTION CONFIRMING THE BANKING INFORMATION

The banking information is located on your cheque (see below) or can be provided by your financial institution.



AUTHORIZATION

I authorize the University of Ottawa to credit the bank account as submitted. I will inform the University of Ottawa accounting office in writing if the account is moved from one financial institution or branch to another or if there is any change in the account.

Signature

Date

FOR THE USE OF THE UNIVERSITY OF OTTAWA ACCOUNTING OFFICE

Vendor ID

Processed by:

Date

Verified by:

Date