



**Attention: Accounts Payable**

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

**Fax: (709) 757 4712**

**Email: [AccountsPayable@nlesd.ca](mailto: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: \_\_\_\_\_