Please accept these instructions to automatically deposit payment into my bank account as outlined below.

**PERSONAL INFORMATION FOR DIRECT DEPOSIT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name  Click or tap here to enter text. | Last Name  Click or tap here to enter text. | | | |
| Address  Click or tap here to enter text. | | | | |
| City  Click or tap here to enter text. | | Province  Choose an item. | Postal Code  Click or tap here to enter text. | |
| Email Address  Click or tap here to enter text. | | | |

**BANKING INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Bank Address  Click or tap here to enter text. | | | | | |
| City  Click or tap here to enter text. | | | Province  Choose an item. | Postal Code  Click or tap here to enter text. | |
| Transit No  Click or tap here to enter text. | Institution No.  Click or tap here to enter text. | Account No.  Click or tap here to enter text. | | |

I authorize the CEU to make direct deposits to the account listed above.

I will notify the CEU in writing to [accounting@ceu.bc.ca](mailto:accounting@ceu.bc.ca) if (1) I close this account, (2) or I wish to rescind this authorization, (3) or I need to change my banking information. When doing so, I will provide the notification of change at least one week before submitting an expense reimbursement form. I will also annotate my subsequent expense reimbursement form indicating there has been a change to my banking information.

**AUTHORIZED BY:**

|  |  |
| --- | --- |
| First and Last Name  Click or tap here to enter text. | Date  Click or tap to enter a date. |
| Provide either:  (1) Signature or  (2) Check-Box to the right indicating authorization is granted by way of email: | |

**Send competed form to** [**accounting@ceu.bc.ca**](mailto:accounting@ceu.bc.ca)