

# Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

SECURITY FEATURES INCLUDED - DETAILS ON BACK - CARACTÉRISTIQUES DE SÉCURITÉ INCLUSES. DÉTAILS AU VERSO

YOUR NAME \_\_\_\_\_ 1

DATE 20 - -  
Y Y Y Y M M D D

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_/100 DOLLARS Security features included. Details on back.

**BANQUE DE MONTRÉAL**  
2310 DU FAUBOURG  
BOISBRIAND, QC J7H 1S3

MP

⑈00 1⑈ ⑈27601⑈ ⑈001⑈ ⑈1234⑈ 567⑈

Transit # Bank code Account #

Name of Bank: \_\_\_\_\_

Institute, Transit, and Account #: \_\_\_\_\_

Type of Account:  Checking  Savings (Check or Circle One)

*Please attach a voided check for each bank account to which funds should be deposited.*

[*Huu- ay- aht First Nations* ] is hereby authorized to directly deposit my funds to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_