



SCOTIA DIRECT DEPOSIT ENROLLMENT FORM

PART 1: TO BE COMPLETED BY PAYEE:

1 COMPANY (PAYOR) NAME AND ADDRESS		2	
CHERYL CRAIG CAREERS INC.		<input type="checkbox"/>	NEW ENROLLMENT
300 - 1100 BURLOAK DRIVE		<input type="checkbox"/>	ADVICE OF CHANGE
BURLINGTON ONTARIO L7L 6B2			
3 PAYEE - SURNAME	GIVEN NAME	INITIAL	
4 PAYEE - MAILING ADDRESS			
		5 TELEPHONE - HOME	
POSTAL CODE		6 TELEPHONE - WORK	

PART 2: TO BE COMPLETED BY FINANCIAL INSTITUTION FOR NEW ENROLLMENT OR CHANGE OF ACCOUNT INFORMATION

7 FINANCIAL INSTITUTION NAME AND ADDRESS (STAMP MAY BE USED)	DIRECT DEPOSIT ROUTING NUMBER		
	8 Institution No.	9 Branch No.	10 Account Number
	11 Account Name		
	12 Signature of Financial Institution Official		DATE

PAYEE AUTHORIZATION

I/We hereby authorize the above named company (payor) to use a direct deposit system, to make deposit payments directly to the account described above, until notice in writing to stop the direct deposits and to cancel this authorization is received by the company.

DATE: _____

SIGNATURE OF PAYEE

SIGNATURE OF PAYEE

* This authorization must be signed in accordance with the signing authority required on the account.

ALL INFORMATION SUBMITTED WILL BE TREATED AS PRIVATE AND CONFIDENTIAL