



Direct Deposit Information Sheet

Please complete the following steps:

1. Print your name below
2. Attach a VOID cheque to this form **OR** complete SECTION 1
3. Sign and date SECTION 2
4. Return to HIVE, Attn: Financial Aid Office

Name: _____

Section 1

Note: Your financial institution branch can assist you in completing the account information.

Financial Institution Number (3 digits) _____

Financial Institution Transit Number (5 digits) _____

Bank Account Number _____

Financial Institution Name: _____

Branch Address: _____

City/Province: _____

Section 2

I hereby authorize Brescia University College to credit payroll payments due to me, to my account with the financial institution designated above.

Date

Signature

**Please note that any incorrect information provided, that results in company incurred bank charges, may be passed on to the employee.*