



The Corporation of the City of Brantford
Direct Deposit: Authorization Form

New Authorization Request?

Change Existing Authorization?

Part 1: To be completed by recipient organization

Applicant Name:	
Applicant Address:	
Email Address for Electronic Funds Transfer Notification:	
Contact Name:	
Telephone:	

Deposit Authorization: We hereby authorize The Corporation of the City of Brantford to make direct deposit payments to us in the account listed below until notice is given in writing cancelling this authorization. **A voided cheque is hereby attached.**

Authorized Signing Officer

Date

Authorized Signing Officer

Date

Part 2: To be completed by financial institution (not required if void cheque is provided)

<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch Number	Bank Number	Account Number
Account Type (must have chequing privileges)		
Name of Financial Institution:		
Branch Address:		
Certification by financial institution official: I hereby certify that the banking information given above is correct for the above named applicant.		
<input type="text"/>	<input type="text"/>	
Signature	Date	