

Greater Saskatoon Catholic Schools

Direct Deposit Information Form

Fax to (306) 659-2011

	Personal Information
Name:	
Address:	
City:	
Province:	
Postal Code:	
Phone Number:	
Fax Number:	
Contact Person:	
E-mail Address:	
Financial Institution Number (3 digits):	
Transit Number (5 digits):	
Bank Account Number:	

Signature: _____

Date: _____

Kindly attach a copy of a void cheque with the completed form or fax to the above number.