

Direct Deposit Authorization Agreement

Royal Roads University is pleased to provide paperless payments via Electronic Funds Transfer (EFT).
Please read and carefully complete the information below.

Company Name OR Name of Individual: _____

Address: _____

Phone Number: _____

Email Address (required for payment notification): _____

Financial Institution: _____

Financial Institution Address: _____

Please attach a VOID cheque

Must include your name and/or business name and address


001

DATE _____

PAYEE _____ \$ _____

/00 DOLLARS

BANK
123 Easy Street,
Anytown, Anywhere

_____ 

@001 @12345@123@ 123456@123@

Transit Number

Institution Number

Account Number

OR

Direct Deposit Authorization Form from your Financial Institution (signed)

Please return via:

Upload electronically to secure web address: <https://eft.royalroads.ca/>

Signature: _____ **Date:** ____/____/____

Office use only

Entered by:	Date:	Certified Correct by:	Date:
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The personal information collected on this form is collected under the authority of the *University Act (RSBC 1996, c.468)* and is subject to the *Freedom of Information and Protection of Privacy Act (RSBC 1996, c.165)*. The personal information collected will be used for accounts payable direct deposit only and will not be shared with any other external third party unless directed by you. For more information regarding the collection, use and /or disclosure of this personal information please contact Bev Hooper, FOI & Privacy Consultant Royal Roads University 250-391-2600 ext. 4178, 2005 Sooke Road, Victoria, BC Canada V9B 5Y2.