

**DIRECT DEPOSIT APPLICATION**

I hereby authorize Society of St. Vincent de Paul of Vancouver Island to make deposits to my chequing account, number \_\_\_\_\_. I will advise you of any change in this regard, and the authorization is to remain in effect until cancelled in writing.

Financial Institution (Name of Bank): \_\_\_\_\_

\_\_\_\_\_  
Signature

Address: (Bank) \_\_\_\_\_

\_\_\_\_\_  
Date

Institution Number

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Full Name on the Account (Your Name): \_\_\_\_\_

Branch Transit

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Account Number

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**PLEASE ATTACH VOID CHEQUE HERE**

**Conference:** \_\_\_\_\_