



PRINCE GEORGE
HOSPICE
PALLIATIVE CARE
SOCIETY

Direct Deposit Information

Authorization Agreement

I hereby authorize Prince George Hospice Palliative Care Society to initiate automatic deposits to my account at the financial institution named below.

Employee Information

Name: _____

Address: _____

City: _____ Postal Code: _____

Social Insurance Number: _____

Account Information

Financial Institution: _____

Branch Address: _____

City: _____ Postal Code: _____

Account Type: Chequing Savings Other: _____

Transit #: _____ Routing #: _____ Account: _____

Please include a "VOID" Cheque for your account

Authorization Signatures

Account Holder Signature: _____ Date: _____

Financial Institution Verification (Optional)

Verified By: _____ Date: _____