



West Coast Auto Group F.C.

Direct Deposit Application

INSTRUCTIONS

1. Complete the Form and attach a VOID cheque.
2. Sign the Form where indicated.
3. Advise us promptly of any changes to your account information.

CORPORATE CLIENT DETAILS (PAYOR)

Company Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____

PAYEE INFORMATION

Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Home Telephone: _____ Work Telephone: _____
 Payroll Number: _____

I hereby authorize the above-named Payor to process direct deposits to the account specified in the Banking Information section.

Signature _____ Date _____

BANKING INFORMATION

Financial Institution: _____
 Branch Address: _____
 Account Name: _____

0 _____
 Institution Branch Account Number

Voided cheque attached to Direct Deposit Application **(Required)**