

**Customer Account Information  
for Direct Deposit or Pre-Authorized Payment****Customer Information**

Name			
JOCELYN RAE			
Address	City	Province	Postal Code
629 VALE CRES	THUNDER BAY	ON	P7C 2G2

**Banking Information**

Branch Address		City	Province	Postal Code
50 FRONT ST BOX 189		SIoux LOOKOUT	ON	P8T 1A3
Transit Number	Institution Number	Account Number		
00387	010	7429037		

*Jocelyn Rae*  
Customer Signature

*May 28/10*  
Date

**Customer Instructions**

1. This form provides account information in place of a voided cheque and is used when arranging pre-authorized payments or direct deposits.
2. Upon completion, submit the form to the company initiating the pre-authorized payment or direct deposit along with their application.

