

Direct Deposit Authorization Form

We are pleased to inform you that we can now pay your invoices by direct deposit. Please complete the information below and email it to secteur.comptes.payables@umoncton.ca. Please note that once you provide us with this completed form, all future invoices will be paid by direct deposit.

Company Name: _____

Contact person for Accounts Receivable: _____

Identification Number (NI): A00
(Located at the top left of your cheque stub.)

Address: _____

E-mail: _____

Please provide a sample cheque marked « VOID » **or** provide the following information with the Financial Institution Stamp:

Name of the account holder(s): _____

Institution Number :

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 Branch Number :

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Account Number:

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Financial Institution Stamp:
(Required if no void cheque attached)

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We will only use this method of payment with your authorization. All information will be kept confidential unless disclosure is required by law.

I, We, authorize the Université de Moncton, campus de Moncton to credit the account mentioned above.

Signature of authorized signatories to the account

Date

Signature of authorized signatories to the account

Date

EMAIL : secteur.comptes.payables@umoncton.ca

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