



**WILD ROSE SCHOOL DIVISION NO. 66**

**ACCOUNTS PAYABLE DIRECT DEPOSIT ENROLLMENT FORM**

VENDOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Email Address (Required): \_\_\_\_\_

I (We) hereby authorize Wild Rose School Division No. 66 to deposit any and all payments in the bank account identified below.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**COMPLETE EITHER PART "1" OR PART "2"**

*PART 1*

**STAPLE VOIDED CHEQUE HERE (PREFERRED)**

*PART 2*

**Have your bank complete the following:**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Bank No.: \_\_\_\_\_ Branch Transit: \_\_\_\_\_

Account No.: \_\_\_\_\_

Printed Name of Bank Employee: \_\_\_\_\_

Signature of Bank Employee: \_\_\_\_\_

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Accounts Payable Department Use Only

Vendor # \_\_\_\_\_ Date Entered: \_\_\_\_\_

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**Please Return Immediately to the attention of the Accounts Payable Department**