



**KAHNAWAKE EDUCATION CENTER**

PO BOX 1000  
KAHNAWAKE QC J0L 1B0  
Tel: (450) 632-8770  
Fax: (450) 632 8042  
www.kec.qc.com

---

**DIRECT DEPOSIT APPLICATION FORM 2016/2017**

\* PLEASE ATTACH A VOID CHEQUE OR SPECIMEN CHEQUE WITH THIS FORM

**Please print:**

**Student Name:** \_\_\_\_\_

**Financial Institution:** \_\_\_\_\_

**Institution Address:** \_\_\_\_\_

**Branch Transit:** \_\_\_\_\_

**Chequing Account Number** \_\_\_\_\_

I hereby authorize the Kahnawake Education Center to deposit the monthly Student Living Allowance and any other applicable supplements to my chequing account.

In the event of changing financial institutions, I will advise the Kahnawake Education Center immediately to avoid any delays in receiving the monthly deposit.

This authorization is to remain in effect until cancellation is submitted in writing.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_