



KAHNAWÀ:KE EDUCATION CENTER

PO BOX 1000

KAHNAWÀ:KE QC J0L 1B0

Tel: (450) 632-8770 Fax: (450) 632 8042

www.kecedu.ca

DIRECT DEPOSIT APPLICATION FORM 2019/2020

* 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 Kahnawà:ke 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 Kahnawà:ke 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: _____