



Listuguj Education, Training & Employment Directorate
Listuguj Mi'gmaq Government

DIRECT DEPOSIT AGREEMENT FORM

Authorization Agreement

I hereby authorize **Listuguj Education Directorate** to initiate automatic deposits to my account at the financial institution named below.

This agreement will remain in effect until the Listuguj Education Directorate receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

NEW STUDENTS: ATTACH THE ACCOUNT INFORMATION FROM THE BANK OR A VOIDED CHEQUE TO THIS FORM.

RETURNING STUDENTS: IF YOUR BANKING INFORMATION IS THE SAME AS LAST YEAR, CHECK HERE

Account Information

Student Name: _____
Name of Financial Institution: _____
Address: _____

Telephone Number: _____

Signature

Date