



Authorization for Electronic Direct Deposit

Consent Form

I hereby consent and give the North Bay Physician Local Education Group Association the authorization to use the attached banking information to process an electronic payment directly to the bank account listed below through the use of Electronic Funds Transfer. I understand the information will be kept confidential and not used for any other purpose. I also agree to update North Bay Physician Local Education Group Association should any of the banking information below change.

Instructions: Please complete **Part One** and **Part Two**.

Part One – Remittance Information

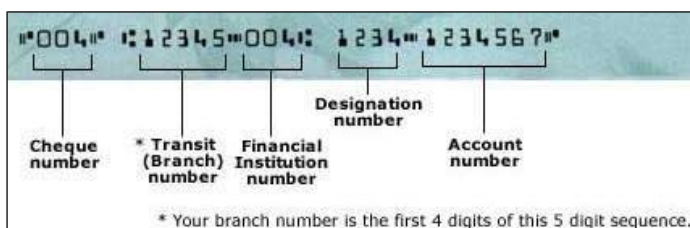
Payable To/Vendor Name:
Address:
Phone Number:
Email address to send payment information:
Authorized Signature:

Part Two – Payment Information

To ensure the accuracy of account information, **you must include a Void Cheque or Bank Letter** validating the account information and complete the following (see sample below):

Name of Financial Institution:	
Address of Financial Institution:	
Financial Institution Number (3 digits):	Transit Number (5 digits):
Account Number (7-12 digits):	
Type of Account (chequing / savings):	

Sample:



Return this completed form along with a “Void Cheque/Bank Letter” to:

North Bay Physician Local Education Group Association
c/o Chastity Saudino
North Bay Regional Health Centre, 50 College Drive, North Bay, ON P1B 5A4
Email: NorthBayLEG@nbrhc.on.ca