



**APPLICATION TYPE**

- New Application       Modification to current Direct Deposit       Cancel Direct Deposit

**Individual or Company Contact Information**

Name (Surname , First Name)		
Address		
City	Province	Postal Code
Contact Phone ( include area code & extension)	Fax Number	
Notification E-mail ( for Electronic Funds Transfer (EFT) purposes)		

**Financial Institution Information**

<b>PLEASE ATTACH YOUR VOID CHEQUE HERE</b>		
Name of Bank or Financial Institution		
Bank Institution # (3 digits)	Bank Transit # (5 digits)	Bank Account #
Branch Address		
City	Province	Postal Code

**Direct Deposit Authorization:**

I certify that the information above is true and correct, and that, I, as a representative for the above named company or as an individual account holder, hereby authorize The Research Institute of the MUHC (RI-MUHC) to electronically deposit payments to the designated bank account identified above. I agree that any duplicate payment, overpayment, fraudulent payment or a payment made in error will be promptly returned to the RI-MUHC. I also agree that any future changes to information provided above will be submitted by filing another form.	
Name (Surname , First Name)	Position Title (required for Company)
Signature	Date Signed (DD/MM/YYYY)

**An authorized signing officer (Corporate) or an account holder (Individual) must sign this form**

Please forward to the Attention of: Finance Division – Accounts Payable Office 2155, Guy Street 5th Floor Montreal (Quebec) Canada H3H 2R9  
 Fax: 514.934.8302 or email: [Rlaccountspayable@muhc.mcgill.ca](mailto:Rlaccountspayable@muhc.mcgill.ca)  
 web site: [www.rimuhc.ca](http://www.rimuhc.ca)

Further assistance please contact Tel:514-934-1934 Extension 44545