

Direct Deposit Form

Section A

Please print clearly or fill out electronically prior to sending

Date: MM/DD/YYYY

Company Name: _____

Full mailing address: _____

Contact name: _____

Phone number: _____

Email for *payment notification*: _____

Section B

The preferred method of collecting banking information is a void cheque or pre-filled direct deposit form online or from your bank.

Business account name: _____

Financial institution name: _____

Branch address: _____

Banking information

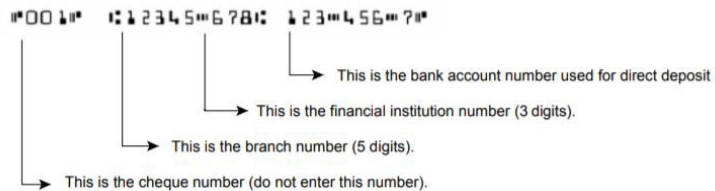
Institution number (3 digits): _____

Branch/transit number (5 digits): _____

Account number: _____

Example

This is an example of what the coding of the bottom of your cheque would look like.



The execution of this form authorizes Innovation PEI (the "Company") to send credit entries electronically to the account (the "Account") indicated above. This form authorizes the financial institution holding the Account to post all such entries. This authorization will be in effect until Innovation PEI receives a written termination notice from the account holder and has a reasonable opportunity to act on it.

The undersigned account holder(s) certify the information provided is correct.

Authorization signature: _____

Title position: _____

INNOVATION PEI USE ONLY

Posted: _____

Contact Email: _____