

## Libyan–North American Scholarship Program

البرنامج الليبي للبعثات الدراسية في أمريكا الشمالية



### BANK ACCOUNT INFORMATION

Please complete the form below:

PRIMARY STUDENT NAME: \_\_\_\_\_

PRIMARY CBIE STUDENT NUMBER: \_\_\_\_\_

STUDENT ADDRESS: \_\_\_\_\_

COUNTRY OF STUDY: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Is your spouse or child(ren) currently pursuing Academic Studies?      Yes      No

- If **Yes**, please provide us with the information requested below:

Academic Dependent's CBIE number: \_\_\_\_\_

Does this change in bank information apply to both you and the Academic Dependent?

YES      NO

Please provide us with your banking information as listed below:

NAME OF BANK: \_\_\_\_\_ BANK NUMBER: \_\_\_\_\_

ADDRESS OF BRANCH: \_\_\_\_\_

BRANCH NUMBER: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

TELEPHONE NUMBER OF BANK: \_\_\_\_\_

BANK ACCOUNT IN EFFECT AS OF: \_\_\_\_\_

**I have attached a voided cheque and authorize CBIE to deposit my allowances and expenses directly into this account through Direct Payment Service.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

*\*Please remember to inform our office of any changes related to your bank account in order to ensure continuous service in deposit of funds.*

Please return the completed form and scanned copy of your voided check to: [bankinfo@cbie.ca](mailto:bankinfo@cbie.ca).